

**CLUB HOURS\***

Lunch Offered

Monday, Wednesday and Friday,

Closed Tuesdays and Thursday

11:00am to 2:00pm

Closed Saturday and Sunday except

For Special Events

Wednesday, Thursday & Friday Night Dinner

Reservations 5:30pm to 7:30pm

**Reservations Requested**

*(239) 566-2304*

**Food & Beverage Director**

**Bryan Rosich**

**Certified Executive Chef**

*Kevin Martin*

*\*Dates & Times Subject to Change*



**SOCIAL  
MEMBERSHIP  
APPLICATION**

As a *Social Member*, you are entitled to the use of Longshore Lake's Clubhouse dining facilities. Social Membership Cost: \$300.00 Annually

As a *Deluxe Social Member*, you are entitled to the use of Longshore Lake's Clubhouse dining facilities, use of the heated pool, and the fitness room. Deluxe Social Membership Cost: \$500.00 Annually

Please keep your ID card with your account number available at all times for presentation to the staff at the club upon request.

When dining at the Club, a Social Member must use their Club charge account.

Please note Social Members are not entitled to reciprocal privileges.

Payable by check to: *Longshore Lake Foundation*

|                          |
|--------------------------|
| <b>Office Use Only</b>   |
| Billing No: S_____       |
| Exp. Date: _____         |
| Renewal Bill Date: _____ |

**PLEASE PRINT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

**Alternate Address:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Family Members with Signing Authority

\_\_\_\_\_

Vehicle: Make \_\_\_\_\_ Model \_\_\_\_\_ Yr \_\_\_\_\_

Color \_\_\_\_\_ Tag # \_\_\_\_\_

I understand this application is an extension of privileges for the use of the dining rooms only. I also understand the Foundation reserves the right to terminate my privileges at any time and without cause.

I understand that I am solely responsible for all charges incurred by me or my authorized signatories. I understand payment on my Longshore Lake account is due by the end of the month in which my statement is received. I also understand I will be subject to a 1.5% finance charge and a \$25.00 late payment penalty on all past due balances.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_