



OCEAN PINES ASSOCIATE APPLICATION

OPA - 239 Ocean Parkway - Ocean Pines, MD 21811 Phone: 410-641-7717

OFFICE USE ONLY

Batch No.
Entered:
Initials:

PLEASE PRINT:

Renewing
 New Membership

Adult Name _____ Mailing _____
 Adult Name _____ City _____
 E-MAIL _____ State _____ Zip _____
 Phone _____

List Dependent Children Ages 5-17 & College Student up to 22 with proof of college enrollment. Please list names and date of birth.

1 _____	4 _____
2 _____	5 _____
3 _____	6 _____

PHOTO ID REQUIRED - PLEASE CHECK MEMBERSHIP(S) DESIRED

GOLF

- (ASGF) \$2600 Associate Golf Family
- (ASGI) \$1560 Associate Golf Individual
Name of Individual _____
- (ASCFF) \$2080 Cart Package Family
- (ASCFI) \$1430 Cart Package Individual
Name of Individual _____
- (ASGLI) \$1680 Limited Golf (30 Plays)
Name of Individual _____
- (ASGAF) \$1560 Golf Afternoon Family
- (ASGAI) \$1040 Golf Afternoon Individual
Name of Individual _____
- (ASGJR) \$295 Golf Junior
Name of Individual _____

SWIM

- (ASFS) \$415 Swim Family Summer
- (ASFW) \$580 Swim Family Winter
- (ASFY) \$755 Swim Family Yearly
- (ASIS) \$250 Swim Individual Summer
- (ASIW) \$380 Swim Individual Winter
- (ASİY) \$485 Swim Individual Yearly
Name of Individual _____

RACQUET SPORTS

- (APF) \$325 Associate Pickleball Family
- (APB) \$195 Associate Pickleball Individual
Name of Individual _____
- (APBJ) \$80 Associate Pickleball Junior
Name of Individual _____
- (ASPTF) \$325 Associate Platform Tennis - Fam
- (ASPT) \$195 Associate Platform Tennis - Ind
Name of Individual _____
- (ASTF) \$600 Tennis - Family
- (ASTI) \$375 Tennis - Individual
Name of Individual _____
- (ATJR) \$80 Tennis Junior
Name of Individual _____
- (ASTAF) \$210 Tennis Afternoon Family
- (ASTAI) \$130 Tennis Afternoon Individual
Name of Individual _____

TOTAL \$\$ _____

BEACH PARKING

- (ASPART) \$510 Beach Parking Permit Only
(Office Use Only: Permit # _____)

Cash

Check Make checks payable to OPA (there will be a \$35 fee for all returned checks)

Credit Card credit card use will incur a convenience fee of 3.5%

Credit Card Number: _____

Expiration Date _____ V-Code _____

ALL NEW MEMBERSHIPS MUST BE PICKED UP AT THE OPA OFFICE OR POLICE DEPARTMENT

All information above is true, complete and correct to the best of my knowledge and belief. Further I agree to obey and adhere to all established amenities rules and regulations

SIGNATURE: _____ DATE _____