



OCEAN PINES ASSOCIATE APPLICATION

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

OFFICE USE ONLY

PLEASE PRINT:

_____ Renewing
_____ New Membership

Batch No.
Entered:
Initials:

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) \$2990 Associate Golf Family
- (ASGI) \$1710 Associate Golf Individual
Name of Individual _____
- (ASCFF) \$1900 Cart Package Family
- (ASCFI) \$1300 Cart Package Individual
Name of Individual _____
- (ASGAF) \$1775 Golf Afternoon Family
- (ASGAI) \$1140 Golf Afternoon Individual
Name of Individual _____
- (ASGJR) \$295 Golf Junior
Name of Individual _____

SWIM

- (ASFS) \$440 Swim Family Summer
- (ASFW) \$620 Swim Family Winter
- (ASFY) \$810 Swim Family Yearly
- (ASIS) \$265 Swim Individual Summer
- (ASIW) \$405 Swim Individual Winter
- (ASİY) \$520 Swim Individual Yearly
Name of Individual _____

RACQUET SPORTS

- (APF) \$370 Associate Pickleball Family
 - (APB) \$220 Associate Pickleball Individual
Name of Individual _____
 - (APBJ) \$80 Associate Pickleball Junior
Name of Individual _____
 - (ASPTF) \$370 Associate Platform Tennis - Fam
 - (ASPT) \$220 Associate Platform Tennis - Ind
Name of Individual _____
 - (ASTF) \$615 Tennis - Family
 - (ASTI) \$385 Tennis - Individual
Name of Individual _____
 - (ATJR) \$80 Tennis Junior
Name of Individual _____
 - (ASTAF) \$215 Tennis Afternoon Family
 - (ASTAI) \$135 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)
 Debit Card
 Credit Card credit card use will incur a convenience fee of 3.5%
 Credit/Debit Card # _____
 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 _____