



OCEAN PINES - ASSOCIATE APPLICATION

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

OFFICE USE ONLY (2025-2026)

Renewing
 New Membership

Date Entered:
Initials:

PLEASE PRINT:

Adult Name _____ Date of Birth _____ Member ID # _____

Adult Name _____ Date of Birth _____ Member ID # _____

Mailing Address _____

City _____ State _____ ZIP _____

E-MAIL _____ Phone _____

Family is 2 Adults living in the household and Dependent Children Ages 5-17 & College Student up to 22 with proof of college enrollment.

Please list names and date of birth.

Name	Date of Birth	Name	Date of Birth
1 _____	_____	5 _____	_____
2 _____	_____	6 _____	_____
3 _____	_____	7 _____	_____
4 _____	_____	8 _____	_____

PHOTO MEMBERSHIP CARDS ARE REQUIRED - PLEASE CHECK MEMBERSHIP(S) DESIRED

GOLF

- (ASGF) \$2750 Associate Golf Family
- (ASGI) \$1850 Associate Golf Individual
- Name of Individual _____
- (ASCFF) \$2200 Cart Package Family
- (ASCFI) \$1500 Cart Package Individual
- Name of Individual _____
- (ASGAF) \$1800 Assoc Golf Afternoon Family
- (ASGAI) \$1100 Assoc Golf Afternoon Individual
- Name of Individual _____
- (ASGJR) \$225 Associate Golf Jr (16 and under)
- Name of Individual _____

RACQUET SPORTS

- (ARCF) \$590 Assoc Racquet Sports Family
- (ARCI) \$370 Assoc Racquet Sports Individual
- Name of Individual _____
- (ARCJR) \$90 Assoc Racquet Sports Junior
- Name of Individual _____

SWIM

- (ASFS) \$575 Swim Family Summer
- (ASFW) \$805 Swim Family Winter
- (ASFY) \$1020 Swim Family Yearly
- (ASIS) \$350 Swim Individual Summer
- (ASIW) \$530 Swim Individual Winter
- (ASIJ) \$655 Swim Individual Yearly
- Name of Individual _____

BEACH PARKING

- (ASPARK) \$600 Beach Parking Permit Only
Permit Number _____
- (DBPP) \$50 Daily Beach Parkig Permit
Date for Daily Permit _____
- (PPWK) \$170 Beach Parking Weekly
Date for Weekly Permit _____

**Hours of operation for all Ocean Pines amenities are contingent upon staff availability.
NO refunds or extended membership are given due to reduced hours.**

Initials _____

Membership Seasons:

Yearly - May 1st to April 30th

Summer - May 1st to September 30th

Winter - October 1st to April 30th

TOTAL DUE: _____

PAYMENT METHODS

<input type="checkbox"/> Cash	<input type="checkbox"/> Check	\$35 return check fee
<input type="checkbox"/> Debit Card		Debit/Credit Card # _____
<input type="checkbox"/> Credit Card		Expiration Date _____ V-Code _____

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 _____