



3085 Matecumbe Key Rd, Punta Gorda, FL 33955 (941)575-3260

Community owned by PGI Section 22 Homeowner's Association

## 2026 **RESIDENT** MEMBERSHIP APPLICATION

Applicant #1 \_\_\_\_\_ Applicant #2: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Cell Phone #1 \_\_\_\_\_ Cell Phone #2 \_\_\_\_\_

#1 Email: \_\_\_\_\_ #2 Email: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

|                            | Cash/Check                          | Credit Card           |
|----------------------------|-------------------------------------|-----------------------|
| ( ) Couple Full Membership | \$1000.00 plus 6.5% tax = \$1065.00 | fee + tax = \$1102.28 |
| ( ) Single Full Membership | \$500.00 plus 6.5% tax = \$533.00   | fee + tax = \$551.14  |

### SEASONAL MEMBERSHIPS (Four consecutive months)

|                            | Cash/Check                        | Credit Card          |
|----------------------------|-----------------------------------|----------------------|
| ( ) Couple Full Membership | \$750.33 plus 6.5% tax = \$799.00 | fee + tax = \$826.71 |
| ( ) Single Full Membership | \$374.65 plus 6.5% tax = \$399.00 | fee + tax = \$413.36 |

### Additional Memberships

- ( ) Single One Month Membership \$293.00 Credit Card (\$303.13)  
( ) Couple One Month Membership \$587.00 Credit Card (\$606.25)  
( ) 7 Day Pool membership MEMBER \$80.00 Credit Card ( \$82.68)  
( ) 7 Day Pool membership NON-MEMBER \$ 187.00 Credit Card ( \$192.90)

(Pool membership days will run consecutively from date of purchase, includes 4 people, children 5 and under free. Does not include Aqua aerobics class)

**VISA or MASTERCARD ONLY**

Please make checks to: **BSM Fitness, Racquet & Pool Club**

Credit/Debit Card \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV \_\_\_\_\_

### WAIVER AND RELEASE

I accept my invitation to a Club Membership and provide the above for the Club's use in establishing my membership account. I understand and agree to abide by the rules of the Club as they may be amended from time to time. I hereby release any representatives, agents, and successors from liability for accidental injury or illness that may incur as a result of participation in said physical activities. I hereby assume all risks connected there within and consent to participate in said activities/programs.

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

May email to [Leighanne.bsmfit@gmail.com](mailto:Leighanne.bsmfit@gmail.com)

**ALL PURCHASES ARE NON-REFUNDABLE**

OFFICE USE ONLY: New \_\_\_\_\_ Renewing \_\_\_\_\_ Waiver #1 \_\_\_\_\_ Waiver #2 \_\_\_\_\_

GM: Date: \_\_\_\_\_ By: \_\_\_\_\_ NM Log \_\_\_\_\_ Verified: Date \_\_\_\_\_ By \_\_\_\_\_

Court Reserve: #1 \_\_\_\_\_ #2 \_\_\_\_\_ CONSTANT CONTACT: #1 \_\_\_\_\_ #2 \_\_\_\_\_ SEND NEWSLETTER \_\_\_\_\_