



**TRANSFER OF MEMBERSHIP**

***This completed form signed by the homeowner and/or agent must be submitted to the Administration Office no less than 30 days prior to the transfer date.***

*The \$500.00 plus 6.5% tax is the fee to transfer membership amenity privileges to the tenant(s) which include the use of the golf course and practice areas, dining rooms, bocce, tennis, swimming pools, fitness center and other facilities of the Club. The current golf rate will be applied per round.*

**Transfer fee charged to:**       **Tenant**       **Homeowner**

**Transfer dates:**      (From) \_\_\_\_\_ (To) \_\_\_\_\_  
**MUST BE A MINIMUM OF 30 DAYS AND WILL RESIDE IN THE UNIT**

**TENANT INFORMATION**

**Transfer Member**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Co-Transfer Member**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

***A valid email address is required for monthly statements***

**OWNER INFORMATION**

Member #: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Neighborhood Association: \_\_\_\_\_

**Highland Woods Property Information**

Address: \_\_\_\_\_ Bonita Springs, FL 34135  
Phone: \_\_\_\_\_

**I understand and acknowledge the above tenant(s) will be residing in the unit and do hereby delegate/transfer my membership privileges to the tenant(s) during the dates listed.**

**Owner's Signature:** \_\_\_\_\_

**For Internal Office Use Only:**

<b>Transfer Member #:</b>	<input type="checkbox"/> <b>NorthStar</b>
<b>Barcode:</b>	<input type="checkbox"/> <b>Member Status &amp; Tickler</b>
<b>Barcode:</b>	<input type="checkbox"/> <b>Tenant Log</b>
<b>Fitness Card:</b>	<input type="checkbox"/> <b>Send to Golf Shop</b>
<b>Fitness Card:</b>	<input type="checkbox"/> <b>Account Charged</b>