



## NAPLES CONTINENTAL CLUB, INC.

### APPLICATION FOR APPROVAL OF MEMBERSHIP

Instructions:

- All fields on this application must be completed or it will be returned to the applicant for completion before it is processed.
- Only the applicants are authorized to complete and sign all forms.
- You must attach three (3) personal references letters to this application for it to be considered.
- A \$100 transfer fee and copy of the FULLY EXECUTED SALES CONTRACT MUST BE ATTACHED to this application before it will be considered. Please make check payable to "Naples Continental Club" and return with all paperwork to: Castle Management Group, 21101 Design Parc Lane, #102, Estero, FL 33928.

I hereby apply for membership in Naples Continental Club, Inc.

Date: \_\_\_\_\_ Unit #: \_\_\_\_\_

**PRESENT OWNER(S):** \_\_\_\_\_

**APPLICANT(S):** \_\_\_\_\_

\_\_\_\_\_  
Social security #

\_\_\_\_\_  
Birthdate

**SPOUSE/PARTNER:** \_\_\_\_\_

\_\_\_\_\_  
Social security #

\_\_\_\_\_  
Birthdate

**PRESENT ADDRESS:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

EMPLOYER NAME & ADDRESS: \_\_\_\_\_

SPOUSE / PARTNER OCCUPATION: \_\_\_\_\_

EMPLOYER NAME & ADDRESS: \_\_\_\_\_

IF RETIRED, FORMER OCCUPATION: \_\_\_\_\_

CHILDREN: \_\_\_\_ YES \_\_\_\_ NO

IF YES, STATE NAME & AGE OF EACH CHILD: \_\_\_\_\_

PETS: \_\_\_\_ YES \_\_\_\_ NO

IF YES, INCLUDE NUMBER, BREED/TYPE AND WEIGHT: \_\_\_\_\_

WILL ANYONE ELSE BE RESIDING IN THE UNIT? \_\_\_\_ YES \_\_\_\_ NO

Please note: Association documents clearly state that units are for single-family residence only.  
Please state name and relationship of all others who will be residing in the unit on a regular basis.

HAVE YOU OR ANY OF THE ABOVE-MENTIONED OCCUPANTS BEEN CONVICTED OF A FELONY?

\_\_\_\_ YES \_\_\_\_ NO (If yes, please explain on a separate sheet of paper and attach to this application)

You will be asked to register your vehicle(s) once you are approved for ownership.

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WHAT IS YOUR SCHEDULED CLOSING DATE: \_\_\_\_\_

TITLE COMPANY / ATTORNEY: \_\_\_\_\_

CONTACT AND PHONE NUMBER: \_\_\_\_\_

Please advise how you wish to take title and where you would like your correspondence sent  
AFTER CLOSING:

NAME: \_\_\_\_\_

ADDRESS (State, City, Zip): \_\_\_\_\_

I (WE) INTEND TO RESIDE IN THE UNIT: \_\_\_\_ FULL-TIME \_\_\_\_ PART-TIME  
\_\_\_\_ NEVER, WILL LEASE ONLY

All applicants must acknowledge:

1. Any misrepresentation or falsification of the information supplied on this (or other) forms may result in automatic rejection of this application.
2. Buyers may not take occupancy until Board of Directors' approval has been granted.

I have received and read the Declaration of Condominium; Articles of Incorporation; ByLaws; and any Rules and Regulations for the Naples Continental Club and understand that I am bound by the terms thereof.

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Applicant Signature

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