

*Ambassador Club of Naples, Inc*  
*1910 Gulf Shore Blvd. N.*  
*Naples, FL 34102*

**APPLICATION FOR MEMBERSHIP**

I hereby submit the following information for consideration by the Board of Directors of the Ambassador Club of Naples, Inc. If accepted for membership, I intend to purchase Apartment Number \_\_\_\_\_. The deed for the apartment will be recorded in the name(s) of:

\_\_\_\_\_  
Name of Co-Applicant: \_\_\_\_\_

Residence (current address)

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Phone

E-Mail address \_\_\_\_\_

Present Occupation \_\_\_\_\_

If retired, Former Occupation \_\_\_\_\_

Name of Business or Profession \_\_\_\_\_

Business Address \_\_\_\_\_

Street

\_\_\_\_\_  
City State Zip Phone

Number of Children: \_\_\_\_\_ Ages \_\_\_\_\_

Names of children, dependents, or partner residing with Applicant(s):

\_\_\_\_\_  
Applicant's Club/Society Affiliations (Past and Present)

1. \_\_\_\_\_

2. \_\_\_\_\_

Have you been a member of any other condominium or co-operative club? If so, name and address:

\_\_\_\_\_  
Have you ever been rejected, expelled or dropped from membership in any club? If yes, please explain

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Have you ever been convicted of a felony? If yes, please explain

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How much of the year do you intend to occupy the apartment? \_\_\_\_\_

Do you intend to lease the unit? Yes / No If so, are you familiar with the leasing requirements? Yes / No

In addition, are you fully aware of the limitations on who may use the unit in your absence?

All owners' initials required: \_\_\_\_\_ YES \_\_\_\_\_ NO

Please attach the following written references:

Financial References (2 required).

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Phone: \_\_\_\_\_

Social References: (Use Naples residents, if possible).

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby authorize The Ambassador Club of Naples, Inc. to contact any of the above for the purpose of acting on this application.

Application Fee of \$100.00 payable to the Ambassador Club of Naples, Inc. is enclosed. I acknowledge that the Ambassador Club of Naples, Inc. has 30 days to approve or deny this Application.

I acknowledge that I have received and am familiar with the declaration, articles, bylaws and house rules of the Ambassador Club and if accepted for membership, I will conduct myself according to such governing documents as are currently in force, or as they become amended from time to time.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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**BACKGROUND CHECK INFORMATION & AUTHORIZATION**

The Ambassador Club of Naples, Inc. performs background checks on all applicants for membership. Your application fee covers the cost of this search. In order to perform this search, you will be asked to provide the legal names and Social Security Numbers of the applicant(s) to KPG Accounting Services. Please authorize the background check with your signature(s) below and return this page to the Ambassador Club with your application and fee. Private information will not be kept on file by the Ambassador Club. If the applicant is a corporation or trust, please provide the required information for the primary occupants below:

**Applicant #1**

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Full Name

**I hereby authorize the Ambassador Club of Naples, Inc. to perform a background check:**

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Signature of Applicant

**Applicant #2**

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Full Name

**I hereby authorize the Ambassador Club of Naples, Inc. to perform a background check:**

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Signature of Applicant