



**TEMPORARY TRANSFER OF MEMBERSHIP**

**MINIMUM ONE MONTH, MAXIMUM ONE YEAR. ADMINISTRATIVE PROCESSING  
FEE: GOLF TRANSFER \$250.00 / SOCIAL TRANSFER \$125.00**

**Stoneybrook Administration Office Hours: Mon—Fri 8:30am—5:00pm  
PH: 941-966-2711 EMAIL: FRONTDESK@STONEYBROOKGCC.COM**

COMPANY/REALTOR/OWNER NAME: \_\_\_\_\_

MEMBER NUMBER: \_\_\_\_\_ TRANSFER NUMBER: \_\_\_\_\_

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

I hereby delegate my right of enjoyment to the common area, including the golf course, to my:

Tenant(s): \_\_\_\_\_ for the period

From: \_\_\_\_\_ to: \_\_\_\_\_ My tenant will reside at my

property located at: \_\_\_\_\_.

The telephone number at the property is: \_\_\_\_\_

\_\_\_\_\_  
**OWNER SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**OWNERS CONTACT NUMBER**

\_\_\_\_\_  
**EMAIL**

<b>****REQUIRED TENANT INFORMATION ****</b>		
Tenants Home Address: _____		
City _____	State _____	Zip _____
Tenants Home Phone _____	Cell Phone _____	
Email _____		

<b>OFFICE USE ONLY</b>						
<input type="checkbox"/> GOLF	<input type="checkbox"/> SOCIAL	<input type="checkbox"/> NO TRSF / PYMT: MC	<input type="checkbox"/> CC	<input type="checkbox"/> CK	<input type="checkbox"/> CA (circle one) / DIS STMT	<input type="checkbox"/> STAT: N OR NC (circle one)
ENV REG	<input type="checkbox"/> ENV GATE # _____ / _____ /	REQ INFO	<input type="checkbox"/> P/S REP	<input type="checkbox"/> TIED MIN	<input type="checkbox"/>	<input type="checkbox"/>