## ARUBA BEACH CLUB COOPERATIVE ASSOCIATION MEMBERSHIP TRANSFER AGREEMENT

	TR NO		
*** THIS SECTION TO BE COM	MPLETED BY THE ARUBA BEACH CLUB ***		
Club, an Aruban Cooperative Association, with offices at O Cooperative Association. It is hereby agreed that the Board below under Subscribing New Member. It is furthermore numbered below. This Membership Agreement is subject	at Oranjestad, Aruba, by and between the Aruba Beach ranjestad, Aruba, and the Subscribing Member for the Aruba Beach Club of Directors admit as a Member to the Association the person mentioned agreed that the Member will participate with Share(s) to the terms and conditions contained in the Articles of Association, Byperative Association with terms and conditions are made a part hereof.		
July for the fiscal year which begins with week 44 of each year	ship and Transfer Agreement as of the day and year first above written.		
	For the Board		
The undersigned by means of this agreement are asking TRANSFER OF OWNERSHIP	g permission and at the same time authorizing:  Share No(s):		
REMOVE CO-OWNER	Representing Week(s):		
ADD CO-OWNER  I have no outstanding balances with ABC.	Suite(s):		
	Type of Accommodation: Superior Suite (max. occupancy 4) Deluxe Suite (max. occupancy 5) Royal Suite (max. occupancy 6)		
The above share(s) is being transferred with first	vear usage of		

## **INSTRUCTIONS**

- All Signatures, owner and, if applicable, co-owner(s) **MUST** be notarized.
- > Transfer fee is US\$250 per share.
- > Transfer fee to immediate family member and/or administrative fee to add or remove co-owner(s) is US\$150 per share.
- Payment Methods: Check (add \$10 for bank charges and make check payable to Aruba Beach Club C.A.); Credit Card (4% administrative fee);
- If the owner/ co-owner has passed away, please submit a copy of death certificate.
- In the case owner and co-owner(s) have passed, a proof of legal document should be submitted along with the form naming the executor or executrix of the estate.
- Maintenance Fee, Capital Reserve Contribution and any monies owed need to be paid before we process the transfer of ownership. If the current owner has already paid the club dues for corresponding usage, the new owner shall reimburse the current owner directly.
- Please submit this original transfer agreement along with other required documents and transfer fee, preferably via FedEx or DHL (signature required) to ensure they arrive in a timely manner, to the following address:

Aruba Beach Club Resort Attn: Sales & Transfer Department J.E. Irausquin Blvd. #53 Oranjestad, Aruba

## **Current Member Information Primary Owner** Co-Owner(s) Name Name E-Mail Signature : \_\_\_ Signature Name Signature : Name Signature : \_\_\_\_\_\_ Signature : \_\_\_ Name Signature : STATE OF \_\_\_\_\_\_, COUNTY OF \_\_\_\_ \_\_\_\_\_, COUNTY OF \_\_\_\_ On this \_\_\_\_\_ day of \_\_\_\_\_\_, before me, the undersigned notary On this \_\_\_\_\_ day of \_\_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ public, personally appeared \_\_\_\_ proved to me through satisfactory evidence of identification, which was proved to me through satisfactory evidence of identification, which was \_\_\_, to be the person whose name is \_\_\_\_, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that signed on the preceding or attached document, and acknowledged to me that it was signed voluntarily, for its stated purpose. it was signed voluntarily, for its stated purpose. My commission expires: My commission expires: , Notary Public , Notary Public \_\_\_\_\_, COUNTY OF \_\_\_\_ STATE OF \_\_\_ STATE OF \_\_\_\_\_\_, COUNTY OF \_\_\_\_ On this \_\_\_\_\_ day of \_\_\_\_\_\_, before me, the undersigned notary On this \_\_\_\_\_ day of \_\_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_ public, personally appeared \_\_\_\_ proved to me through satisfactory evidence of identification, which was proved to me through satisfactory evidence of identification, which was \_\_\_\_\_, to be the person whose name is \_\_\_, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that signed on the preceding or attached document, and acknowledged to me that it was signed voluntarily, for its stated purpose. it was signed voluntarily, for its stated purpose. My commission expires: My commission expires: , Notary Public , Notary Public \_\_\_\_\_, COUNTY OF \_\_\_\_ \_\_\_\_\_, COUNTY OF \_\_\_ STATE OF \_\_\_\_ STATE OF \_\_\_\_ On this \_\_\_\_\_ day of \_\_\_\_\_\_, before me, the undersigned notary On this \_\_\_\_\_ day of \_\_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_ public, personally appeared \_\_\_\_ proved to me through satisfactory evidence of identification, which was proved to me through satisfactory evidence of identification, which was \_\_\_\_\_, to be the person whose name is \_\_\_\_, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that signed on the preceding or attached document, and acknowledged to me that it was signed voluntarily, for its stated purpose. it was signed voluntarily, for its stated purpose. My commission expires: \_\_\_\_\_ My commission expires: \_\_\_\_\_

, Notary Public

, Notary Public

<b>Subscribing New Member Information</b>			
I am already a member of the Aruba Beach Club.	Member No.:		
I am NOT yet a member of the Aruba Beach Club and ha	ve completed page 4, application for membership.		
Primary Owner	Co-Owner(s):		
Name :	Name :		
Address :	Signature:		
	Name :		
Phone No. :	Signature:		
Fax No. :	Name :		
E-Mail :	Signature:		
Signature :	Name :		
	Signature :		
	Name :		
	Signature :		
STATE OF, COUNTY OF	STATE OF, COUNTY OF		
On this day of, before me, the undersigned notary	On this day of, before me, the undersigned notary		
public, personally appeared,	public, personally appeared,		
who	who		
proved to me through satisfactory evidence of identification, which was , to be the person whose name is	proved to me through satisfactory evidence of identification, which was, to be the person whose name is		
signed on the preceding or attached document, and acknowledged to me that	signed on the preceding or attached document, and acknowledged to me that		
it was signed voluntarily, for its stated purpose.	it was signed voluntarily, for its stated purpose.		
My commission expires:	My commission expires:		
, Notary Public	, Notary Public		
STATE OF, COUNTY OF	STATE OF, COUNTY OF		
On this day of, before me, the undersigned notary	On this day of, before me, the undersigned notary		
public, personally appeared	public, personally appeared,		
whowho proved to me through satisfactory evidence of identification, which was	who proved to me through satisfactory evidence of identification, which was		
, to be the person whose name is	, to be the person whose name is		
signed on the preceding or attached document, and acknowledged to me that	signed on the preceding or attached document, and acknowledged to me that		
it was signed voluntarily, for its stated purpose.	it was signed voluntarily, for its stated purpose.		
My commission expires:	My commission expires:		
, Notary Public	, Notary Public		
STATE OF, COUNTY OF	STATE OF, COUNTY OF		
On this day of, before me, the undersigned notary	On this day of, before me, the undersigned notary		
public, personally appeared,	public, personally appeared,		
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signed on the preceding or attached document, and acknowledged to me that	signed on the preceding or attached document, and acknowledged to me that		
it was signed voluntarily, for its stated purpose.	it was signed voluntarily, for its stated purpose.		
My commission expires:	My commission expires:		
, Notary Public	, Notary Public		



## **Application for Membership**

PLEASE FILL IN ALL INFORMATION AS COMPLETELY AS POSSIBLE

Date of Application:						
Name of Applicant:	(First)		(Middle)	(Last)		
Home Address:	(First)		(Middle)	(Last)		
City:	State:	Zip:	County	Phone		
Primary E-Mail:		Seco	ndary E-Mail:			
Signature of Applicant: _						
Name of Applicant:	(First)		(Middle)	(Last)		
Home Address:	(,			1		
City:	State:	Zip:	County	Phone		
Primary E-Mail:		Secondary E-Mail:				
Signature of Applicant:						
·						
Name of Applicant:	(First)		(Middle)	(Last)		
	Stato			<u></u>		
				Phone		
Signature of Applicant:						
Name of Applicant:						
	(First)		(Middle)	(Last)		
			County	Phone		
		Secondary E-Mail:				
In case of emergency, No	rtify:					
	(Name)	(Address)		(Phone)		
Note: Applicant will b	oe notified upon approv	val of Application for	Membership.			
· lea Mamb	- Paggh (	(For Company	/ Use Only)		_	
Accepted as Member	per of the Aruba Beach C	.lub C.A.				
		Date:				
Of the Givi.						