



MEMBERSHIP APPLICATION

Member # _____

How did you hear about us _____

Name (S) _____ & _____
Owner (S) of Membership

Home Address _____

City _____ State _____ Zip Code _____

Telephone _____
Home Work – Member 1 Work – Member 2

E-mail _____ E-mail _____

Dependent Children

- 1. Name _____ Date of Birth _____
- 2. Name _____ Date of Birth _____
- 3. Name _____ Date of Birth _____
- 4. None _____

Check Type of Membership Desired:

Tennis

- _____ Family Membership
- _____ Single Membership
- _____ Corporate Membership
- _____ Junior (under 18) Date of Birth _____

Racquetball

- _____ Family Membership
- _____ Single Membership
- _____ Corporate Membership

Fitness

- _____ Family Membership
- _____ Single Membership
- _____ Corporate Membership

EMERGENCY CONTACT

Name _____ Day Phone _____