

ALBANY TENNIS CLUB APPLICATION FOR MEMBERSHIP

APPLICANT INFORMATION (RESPONSIBLE PARTY)

Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (Month/Day/Year):		Home Phone:
Current address:		Cell Phone:
City:	State:	ZIP Code:
E-mail:		Player Rating (if known):
Current Employer:		Work Phone:

JOINT APPLICANT OR PARENT / GUARDIAN INFORMATION IF APPLICANT 18 YEARS OR YOUNGER

Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (Month/Day/Year):		Cell Phone:
E-mail:		Player Rating (if known):
Current Employer:		Work Phone:

EMERGENCY CONTACT

Name (someone not residing with you):		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name:	DOB:	Name:	DOB:
Name:	DOB:	Name:	DOB:
Name:	DOB:	Name:	DOB:

MEMBERSHIP

Effective Start Date:	How did you hear about us?
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MEMBERSHIP TYPE & DUES

YEAR ROUND TENNIS MEMBERSHIP	Monthly Dues	Account Setup Fee
Family	<input type="checkbox"/> \$135	<input type="checkbox"/> \$50
Couple	<input type="checkbox"/> \$125	<input type="checkbox"/> \$50
Parent/Child	<input type="checkbox"/> \$110	<input type="checkbox"/> \$50
Single	<input type="checkbox"/> \$95	<input type="checkbox"/> \$50
Junior	<input type="checkbox"/> \$35	<input type="checkbox"/> \$50
Young Adult (Under age 30)	<input type="checkbox"/> \$49	<input type="checkbox"/> \$50

WINTER PICKLEBALL MEMBERSHIPS (Nov. 1, 2024 – April 30, 2025)	Single <input type="checkbox"/> \$400	Couple <input type="checkbox"/> \$600
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Equity Ownership Add-on for Monthly Family, Couple, Single, or Parent/Child	<input type="checkbox"/> \$400
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Applicant(s) agrees that if they supply an email address on this application that their monthly billing statement will be emailed to them.	Initial:
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Applicant(s) understand that their information (i.e., name, address, phone number, and email) will be used in the membership directory unless they request otherwise here: <input type="checkbox"/> No, do not include my personal information in the membership directory.	Initial:
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SIGNATURES: I attest that all information given in this application is true and accurate.

Signature of applicant:	Date:
Signature of parent: (if applicant under 18):	Date:

FOR OFFICE USE ONLY

Joining Effective Date _____

New Member _____ Returning Member _____

Member Handbook Given Application Copy to Member

Pro-Rated or 1st Months Dues \$ _____ Initiation Fee \$ _____

Total Amount Paid \$ _____ Date _____ Check # _____ Cash Credit Card

Date Re-Activated or Entered Into System _____ Key Card(s) Issued to Responsible Member _____ Welcome Letter Sent _____

Email added to mailing list _____

Termination Effective Date _____

Date Written 30 Day Notice Given _____

Contract Balance Owing? Y / N If yes, how much? _____ If yes, Date Termination w/ Balance due letter sent _____

Date De-activated in System _____ Email removed from active mailing list _____