

## 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"/> \$142	<input type="checkbox"/> \$50
Couple	<input type="checkbox"/> \$131	<input type="checkbox"/> \$50
Parent/Child	<input type="checkbox"/> \$115	<input type="checkbox"/> \$50
Single	<input type="checkbox"/> \$100	<input type="checkbox"/> \$50
Junior	<input type="checkbox"/> \$40	<input type="checkbox"/> \$50
Young Adult (Under age 30)	<input type="checkbox"/> \$55	<input type="checkbox"/> \$50

<b>WINTER PICKLEBALL MEMBERSHIPS</b> (Nov. 1, 2024 – April 30, 2025)	Single <input type="checkbox"/> \$400	Couple <input type="checkbox"/> \$600
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<b>Equity Ownership Add-on for Monthly Family, Couple, Single, or Parent/Child</b>	<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 1<sup>st</sup> 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 \_\_\_\_\_