

ALBANY TENNIS CLUB APPLICATION FOR MEMBERSHIP			
APPLICANT INFORMATION (RESPONSIBLE PARTY)			
Name:		☐ Male ☐ 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 <u>OR</u> PARENT / GUARDIAN INFORMATION IF APPLICANT 18 YEARS OR YOUNGER			
Name:		☐ Male ☐ 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?	
MEMBERSHIP TYPE & DUES			
YEAR ROUND MEMBERSHIP	Monthly Dues	Account Setup Fee	
Family	☐ \$153	☐ \$50	
Couple	☐ \$141	☐ \$50	
Parent/Child	☐ \$124	☐ \$50	
Single	☐ \$108	☐ \$50	
Junior (under age 19)	☐ \$45	☐ \$25	
Young Adult (Ages 19-25)	☐ \$60	☐ \$50	
WINTER PICKLEBALL MEMBERSHIPS (Nov. 1, 2026 – April 30, 2027)	Single ☐ \$530	Couple ☐ \$780	
Equity Ownership Add-on for Monthly Family, Couple, Single, or Parent/Child			☐ \$400
Applicant(s) agrees that if they supply an email address on this application that their monthly billing statement will be emailed to them.			Initial:
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: ☐ No, do not include my personal information in the membership directory.			Initial:
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 _____