MEMBERSHIP APPLICATION

BYLAWS/HOUSE RULES

The undersigned agrees to conform to and be bound by the Bylaws and House Rules of the Club, as they may be amended from time to time.

MEMBERSHIP RESIGNATION

The undersigned agrees to give T Bar M Racquet Club 30 days notice in writing of his/her intent to resign from the Club. All accrued dues and other charges for which the Member is liable are due upon the effective date of resignation.

WAIVER OF LIABILITIES AND WAIVER OF CLAIMS

It is expressly agreed that all use of the Facilities shall be undertaken by the Member or the Member's Guest at his of her sole risk, and that the Club shall not be liable for any injuries or any damages to any Member or Guest, or to the property of any Member or Guest, or be subject to any claim, demand, injury, or damage whatsoever, including, without limitation, those damages resulting from acts of active or passive negligence on the part of the Club, its officers, or its guests. The Member, for himself or herself, and on behalf of his or her executors, administrators, heirs, assigns, successors, does hereby expressly forever release and discharge the Club, its owners, officers, employees, agents, successors, and assigns from all such claims, demands, injuries, damages, actions. or cause of action. The Club shall not be responsible for liability to the Members or the Member's Guests for articles damaged, lost, or stolen in or about the Club or the lockers, or for loss or damages to any property, including but not limited to automobiles and the contents thereof.

PAYMENT OF MEMBERSHIP ACCOUNT

I understand that it is a requirement, and I hereby give permission for T Bar M Racquet Club to debit the following account on a monthly basis for club dues and charges. I agree to provide 30 days notice if I choose to discontinue this service. Please select only one of the following methods of payment and attach a blank voided check if you are selecting the Electronic Funds Transfer option.

Name as it appears on card or check:_____

ELECTRONIC FUNDS TRANSFER

Bank Name:_____

Bank ABA Number:_____ Account Number:_____
*ABA Number is located to the left of your account number at the bottom of your check.

AUTOMATIC CREDIT CARD BILLING

Card Type (Circle): Visa MasterCard Discover Account Number:_____

Expiration Date:_____

Date:_____ Signature of Applicant:_____

Date:_____ Signature of Applicant:_____

☐ Please do not print my contact information in the directory

☐ Please do not use my (or my family's) picture on the website.

FOR CLUB USE ONLY

ACCEPTED FOR MEMBERSHIP _____/_____/_____

SIGNATURE OF CLUB OFFICER_____

MEMBER NUMBER_____ DUES CODE_____ LOG NUMBER_____

I hereby apply for T Bar M Racquet Club membership and the resultant rights and privileges.

PRIMARY INFORMATION

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

Name (Please Print)_____ Date of Birth _____ / _____ / _____

Home Address _____

City _____ State _____ Zip _____ Home Phone (_____) _____

Cell Phone (_____) _____ Email Address _____

Marital Status ☐ Single ☐ Married

Social Security Number _____ Drivers License # _____ State _____

Company Name _____ Type of Business _____

Business Address _____

City _____ State _____ Zip _____

Business Phone (_____) _____ Title _____ Length of Employment _____

SPOUSE INFORMATION

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

Name (Please Print) _____ Date of Birth _____ / _____ / _____

Cell Phone (_____) _____ Email Address _____

Social Security Number _____ Drivers License # _____ State _____

Company Name _____ Type of Business _____

Business Address _____

City _____ State _____ Zip _____

Business Phone (_____) _____ Title _____ Length of Employment _____

DEPENDENT INFORMATION

Name (under 21)	Date of Birth	Sex	Name (under 21)	Date of Birth	Sex

MEMBERSHIP INFORMATION

I am applying for Membership in the following category (refer to enclosed classification desciptions and fees):

_____

I would prefer monthly statements mailed to my ☐ Home ☐ Business ☐ Online Email _____

INITIATION FEES AND DUES

Initiation Fee $ _____ (+ Tax) *Note: The initiation fee should accompany the application for club memberhip

The monthly dues are $ _____ (+ Tax)
(Dues are subject to change at the discretion of the Club)

OTHER CLUB AFFILIATIONS

I am currently a member of the following Clubs:

Club Name _____ City/State _____ Phone _____ # Years _____

Club Name _____ City/State _____ Phone _____ # Years _____

REFERENCES/CREDIT

My member sponsor (if applicable) is: _____ Daytime Phone # _____

Bank Name _____ Checking _____ Savings _____

Address _____ City _____ State _____

For purposes of this agreement, the party which is to hold the Membership is the Applicant. By signing this Application, Applicant(s) authorizes the Club to inquite about him/her to any of the above named.

JUMPSTART INFORMATION

TENNIS
ADULTS: *(Please write individual's name next to the program(s) he/she is interested in)*

Leagues Private Instruction Group Clinics Tournaments Tennis Mixers

Women's Tennis Association (WTA) Adult Instructional Program (AIP)

TENNIS LEVEL (Please Circle) Men Beg. 3.0 3.5 4.0 4.5 5.0 Adv. Women Beg. 3.0 3.5 4.0 4.5 5.0 Adv.

TENNIS
JUNIORS *(Please indicate which child is interested in the following program(s))*

Academy Pre-Qualified Gold, Silver, Bronze (6yrs. & up) Tiny Tots (5-6yrs.) Pee Wees (3-4yrs.)

ATHLETIC & WELLNESS CENTER *(Please write which adult/child(ren) are interested in following program(s))*

Chiropractic Active Release Therapy Massage Stregth & Conditioning Personal Training

Pilates Spin Yoga

SWIM *(Summer only) (Please indicate interest in which program(s))*

Swim Team Pool parties Private Lessons

SOCIAL *(Please indicate interest in which program(s))*

Private Parties Birthday Parties Bar & Bat Mitzvahs Weddings Group/Businesss Meetings & Meals