

SALEM TENNIS & SWIM CLUB 2012 SUMMER MEMBERSHIP APPLICATION

APPLICANT INFORMATION (RESPONSIBLE PARTY)

Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female
DOB:	Drivers License:	Home Phone:
Current address:		
City:	State:	ZIP Code:
E-mail:		Cell Phone:
Current Employer:		Work Phone:

JOINT APPLICANT OR PARENT INFO IF APPLICANT 18 YEARS OR YOUNGER

Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female
DOB:	Drivers License:	Cell Phone:
E-mail:		
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 INFO

Returning Member – Account #

New Member – How did you hear about us?

MEMBERSHIP CATEGORY & COST (POOL OPEN JUNE 8 – SEPTEMBER 16, 2012)

<u>FAMILY (Full Summer)</u>		<u>FAMILY 1 or 2 Month Options</u> (no coupons)	
<input type="checkbox"/> Paid in full by December 23, 2011	\$495	<input type="checkbox"/> One Month (30 consecutive Days)	\$250
<input type="checkbox"/> Paid in full by February 29, 2012	\$525	Dates Requested: _____ to _____	
<input type="checkbox"/> Paid in Full by March 31, 2012	\$550	<input type="checkbox"/> Two Month (60 consecutive Days)	\$425
<input type="checkbox"/> Paid in full by April 30, 2012	\$575	Dates Requested: _____ to _____	
<input type="checkbox"/> Paid May 1, 2012 or after	\$595		
<u>JUNIOR SUMMER MEMBERSHIP</u>		<u>ADULT LAP SWIM SUMMER MEMBERSHIP</u>	
<input type="checkbox"/> Paid in full by March 31, 2012	\$350	<input type="checkbox"/> Single	\$210
<input type="checkbox"/> Paid April 1, 2012 or after	\$400	<input type="checkbox"/> Couple	\$270

A \$100.00 non-refundable deposit may be put down to hold your membership but the balance due will be based on the date balance is paid in full, not the date deposit is paid. If the total remaining portion of your balance is not paid by opening day, your deposit will be forfeited and your spot will be offered to the next available family on the waiting list. If memberships are still available after Opening Day and you have not paid the balance, your \$100.00 deposit may be applied to any summer membership category.

POOL OPEN JUNE 8 - SEPTEMBER 16, 2012

SIGNATURES: I have read and agree with this application in its entirety, including conditions of membership on back.

Signature of applicant:	Date:
Signature of parent: <i>(if applicant under 18):</i>	Date:

CONDITIONS OF MEMBERSHIP

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1. I understand that my summer membership at Salem Tennis & Swim Club must be paid in full before my membership will become active on June 8, 2012 or after.
2. I understand that my STSC statement is payable in full on the 10th of each month and that I am responsible for all charges billed to my account by any member on my application. In addition, I understand that the membership dues set by the Board of Directors are subject to change in accordance with the By-Laws.
3. I understand that if my membership billing account is referred to a collection agency that I am responsible for any recovery fees charged by the collection agency.
4. I understand that no part of my membership payment will be refunded for any reason.
5. I understand and promise to abide by the rules, regulations and the By-Laws as developed by the Salem Tennis and Swim Club Board of Directors.
6. I understand the guest policy as stated in the STSC Member Handbook and that I am responsible for all guests (including guest fees) that I bring to Salem Tennis & Swim Club.
7. I understand that if I supplied an email address on this application that my monthly billing statement will be emailed to me.
8. I understand that this application and pledge is made with the understanding that it is subject to the approval and acceptance by the Board of Directors.

FOR OFFICE USE ONLY

Joining Effective Date _____ End Date if 1 or 2 Month Membership _____

Responsible Party Membership # _____ Application Copy to Member

Paid in Full \$ _____ Date _____ Check # _____ Visa Cash

Deposit Paid \$ _____ Date _____ Check # _____ Visa Cash

Balance Paid \$ _____ Date _____ Check # _____ Visa Cash

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

If converted from a Summer Member to a Year Round member, the date of conversion: _____

Year Round Member Termination Effective Date _____

Date Written 30 Day Notice Given _____

Contract Balance Owing? Y / N If yes, how much? _____

Date Termination Letter Sent _____