

SALEM TENNIS & SWIM CLUB
PICKLEBALL-ONLY MEMBERSHIP APPLICATION

APPLICANT INFORMATION (RESPONSIBLE PARTY)

Name:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
DOB:		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:		Cell Phone:	
E-mail:			
Current Employer:		Work Phone:	

EMERGENCY CONTACT

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

MEMBERSHIP INFO

Returning Member – Account # _____ New Member – How did you hear about us? _____

MEMBERSHIP CATEGORY & COST

<input type="checkbox"/> Single Membership monthly dues	\$35
<input type="checkbox"/> Couple Membership monthly dues	\$60

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:

For Office Use Only:	<u>Office Staff Member</u>	<u>Administration</u>
	<input type="checkbox"/> Quick Add Primary User Only (If Not Already in System)	<input type="checkbox"/> Tennis Portal Information Correct
	<input type="checkbox"/> Check that birthdates are shown for ALL applicants	<input type="checkbox"/> Email Address Added to Mad Mimi
	<input type="checkbox"/> Check Number of Children; Charge for # above 4	<input type="checkbox"/> Payment Confirmation

CONDITIONS OF MEMBERSHIP

See back side of form

1. I understand that my STSC statement is payable in full on the 9th of each month and that I am responsible for all charges billed to my account by any member on my application. I understand that if my bill is not paid in full by the 15th of each month, a \$10 late fee will be charged to my account
2. 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.
3. I understand that no part of my membership payment will be refunded for any reason.
4. I understand and promise to abide by the rules and regulations as developed by the Salem Tennis and Swim Club.
5. 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.
6. I understand that I must supply an ACH Authorization form with my banking/credit card information for automatic billing.

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

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: _____

Termination (if converted to Year Round) Date: _____

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

Date Deactivated in System _____ Email removed from Outlook _____ Info removed from Tennis Bookings List _____