

SALEM TENNIS & SWIM CLUB

APPLICATION FOR MEMBERSHIP

APPLICANT INFORMATION (RESPONSIBLE PARTY)

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

CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name:	DOB:	Name:	DOB:
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? _____

Month to Month: **\$250 Initiation Fee**
 12 Month Commitment: **\$100 Initiation Fee**
 18 Month Commitment: **No Initiation Fee**

ALL MEMBERSHIP PRICES SHOWN BELOW ARE PRICES PER MONTH.

<input type="checkbox"/> Junior Membership (No commitment or initiation fee required)	\$55	Family memberships include two parents and all non-married children 23 years of age or younger living at the same address. Grandparents, nannies or caretakers can accompany children under the age of 14 but will not have access to any of the amenities offered by STSC.
<input type="checkbox"/> Adult Single Wheelchair Membership	\$70	
<input type="checkbox"/> Adult Single Membership	\$105	
<input type="checkbox"/> Adult Couple Membership	\$145	
<input type="checkbox"/> Family Membership	\$170	
		<input type="checkbox"/> Active-duty Military Memberships 10% Discount

Pool open MEMORIAL DAY – LABOR DAY

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"/> Email Address Added to Mad Mimi
	<input type="checkbox"/> Check that birthdates are shown for ALL applicants	<input type="checkbox"/> E-Bill Authorization Form Signed
	<input type="checkbox"/> Tennis Portal Information Correct	<input type="checkbox"/> Payment Confirmation

CONDITIONS OF MEMBERSHIP

1. I understand that my membership at Salem Tennis & Swim Club becomes active upon payment of an initiation fee (if applicable) and payment of monthly dues or prorated dues (if membership start date is not the 1st of any given month).
2. I promise to pay dues prorated for the month of acceptance of this application and to continue monthly for the period selected on application, and thereafter. I understand that if I decide to resign from STSC during this period I am responsible for the remainder of the monthly dues for the remainder of the selected time commitment.
3. 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. I understand that if my bill is not paid in full by the 15th of each month, a \$15 late fee will be charged to my account. I also understand that membership dues set by Salem Tennis & Swim Club are subject to change.
4. 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.
5. I understand that no part of my membership payment will be refunded for any reason.
6. I understand and promise to abide by the rules and regulations as developed by the Salem Tennis and Swim Club.
7. I understand that I am responsible for all guests (including guest fees) that I bring to Salem Tennis & Swim Club.
8. I understand that at any time I wish to terminate my membership, I must do so in writing giving 30 days' notice and that I must continue paying monthly dues until I have notified STSC in writing of my intentions to terminate.
9. I understand that I must supply an ACH Authorization form with my banking/credit card information or 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 _____