

**CONDITIONS OF MEMBERSHIP**

1. I understand that my summer membership at Salem Tennis & Swim Club must be paid in full before my membership will become active on May 31, 2021P or after.
2. I understand that my STSC statement is payable in full on the 9<sup>th</sup> 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 15<sup>th</sup> of each month, a \$10 late fee will be charged to my account
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 and regulations as developed by the Salem Tennis and Swim Club.
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 I must supply an ACH Authorization form with my banking/credit card information for automatic billing.

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**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 \_\_\_\_\_

**SALEM TENNIS & SWIM CLUB**  
**2021 SUMMER 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:		

**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? \_\_\_\_\_

**MEMBERSHIP CATEGORY & COST (POOL OPEN MEMORIAL DAY – LABOR DAY)**

<input type="checkbox"/> Paid in full by December 31, 2020	\$595	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"/> Paid after by March 31, 2021	\$695		
<input type="checkbox"/> Fee per child above 4 children	\$25/child		
<input type="checkbox"/> Single Adult Lap Swim	\$225		Lap swim only. No other facility use
<input type="checkbox"/> Couple Adult Lap Swim	\$275		Lap swim only. No other facility use

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: (if applicant under 18):	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

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