

Auto Charge Enrollment Form

Monthly Dues must be set up on Auto Charge

- Yes, Also charge my initiation fee to this card.
- Yes, Also charge my additional Club charges to this card.

SDTRC Membership Account Number ___ _ _ _

Full Name: _____

Billing Address: _____

City: _____ State: ___ Zip: _____

Name As Displayed On Card: _____

Credit Card Account #: _____

Expiration Date on CC: _____

Credit Card Option: Am Ex Visa Discover MasterCard

Signature: _____ Date: _____

RETURN to: San Diego Tennis & Racquet Club
4848 Tecolote Road San Diego, Ca 92110

ATTN: Leslie ☺

Or FAX to: 619. 276.0832, Phone: 619.275.3270

E-mail to: Lrocca@sdtrc.com

Office Use Only:
updated in computer by Leslie: _____

Screen 1 and screen 2