

For Office Use Only:
Acct. # _____

SAN DIEGO TENNIS & RACQUET CLUB
APPLICATION FOR MEMBERSHIP
Non-Transferable

PRIMARY APPLICANTS NAME _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ ZIP _____

RESIDENCE PHONE _____ MEMBERSHIP TYPE _____

E-MAIL _____ CELL# _____

SEND BILL TO: (check one) HOME _____ Primary Email _____

SPOUSE/OTHER NAME _____ DATE OF BIRTH _____

E-MAIL _____ CELL# _____

DEPENDENT CHILDREN UNDER 25 YEARS OF AGE AND RESIDING AT ABOVE RESIDENCE WHO WILL BE USING MEMBERSHIP:

NAME _____ AGE _____ DOB _____

NAME _____ AGE _____ DOB _____

NAME _____ AGE _____ DOB _____

NAME _____ AGE _____ DOB _____

WHO REFERRED YOU TO THE SAN DIEGO TENNIS & RACQUET CLUB? _____

I hereby apply for Membership in the San Diego Tennis & Racquet Club and agree to comply with and be bound by the Club By-Laws as they now exist and as they may hereafter from time to time be amended or supplemented. I also, hereby acknowledge receipt of a copy of the Club's By-Laws. I certify to you that the information set out above is true and correct

APPLICANT'S SIGNATURE _____ DATE _____