

For Office Use Only:  
Acct. # \_\_\_\_\_

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

**APPLICANTS** NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
RESIDENCE PHONE \_\_\_\_\_ MEMBERSHIP TYPE \_\_\_\_\_  
DRIVERS LICENSE # \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
BUSINESS NAME \_\_\_\_\_ PHONE # \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_  
E-MAIL \_\_\_\_\_ CELL# \_\_\_\_\_  
SEND BILL TO: HOME \_\_\_\_\_ WORK \_\_\_\_\_

**SPOUSE/OTHER** NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ PHONE # \_\_\_\_\_  
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(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 \_\_\_\_\_