

Application for Membership Tennis, Swim, Fitness, Social

2525 Shanklin Lane Denver, NC 28037 704-489-2227

SWIM &TENNIS CLUB			westportclub@att.net
		er Swim & Fitz	Full Senior Family ness
APPLICANT INFORMATION		Date:	
Full Name	Date of Birth		Cell Phone
Spouse/Partner Full Name	Date of Birth		Cell Phone
Address			Home Phone
City/State/Zip			Home Email Address
Employer	Work Phone		Work Email Address
Spouse/Partner Employer	Work Phone		Work Email Address
How did you hear about our club?		Referred by	
Children Under 21			
1. Child First Name	Last Name		Date of Birth
2. Child First Name	Last Name		Date of Birth
3. Child First Name	Last Name		Date of Birth
Tennis, Swim, Fitness, Social In	nterests (circle your pref	erence)	
Swim Swim Lessons / Swim Team / W	Vater Aerobics		
Tennis Adult / Child / Learn to	Play / Clinics / League F	lay / Private Le	essons
Singles / Doubles / Mixed - I	Daytime / Evening /Wee	kends	
Fitness Group Exercise Classes / Person	nal Training / Yoga		
Other			

Refund

NO PART OF THE MEMBERSHIP INITIATION FEE IS REFUNDABLE UNLESS APPLICATION IS DENIED. NO MEMBERSHIP INITIATION FEE IS TRANSFERRABLE.

Resignation

It is agreed that I may resign from the Westport Swim & Tennis Club by giving thirty (30) days advance written notice and by paying all dues and other charges for which I may be liable. I shall not thereafter be subject to any further dues or other charges. It is further understood and agreed that I must follow and adhere to all rules and regulations as set forth by Westport Swim & Tennis. Any rules violations subject the membership to revocation.

Assessments

I understand that as a matter of contract with Westport Swim & Tennis Club my membership is non-assessable and that I am assuming no liabilities whatsoever in connection with my membership other than the payment of the initiation fee, applicable membership dues and charges incurred by me, my family and guests in the use of The Club and that such membership does not confer upon me any ownership of The Club property or assets.

Initiation Fee

Please make checks payable to Westport Swim & Tennis Club

Bank Draft Authorization for Monthly Dues			
	□ Checking □ Savings		
Financial Institution Name			
Account Number	Routing Number (ABA Number)		
Plea	ase attach a voided check.		
account indicated above, herein after called authorization is to remain in full force until C	COMPANY, to initiate debit entries and/or correction entries to our ed DEPOSITORY, to debit the same to such account. This COMPANY has received written notification from me of its termina-OMPANY and DEPOSITORY reasonable opportunity of act upon it. fficient funds a fee of \$35 is charged.		
Signature	Date		
Visa/Mastercard on file with Westport This v If there is no valid credit card on file, all charge count plus a \$10 service charge.	at IOU charges are made at the Pro Shop they will be applied to your will be done on or about the 1st and 15th of each month for payment. ges 30 days or older will be drafted from your dues paying bank ac-		
	Sec. Code (on back) Zip Code		
& Tennis. I certify that the eligible names list. By signing below, I agree as a member to conf	& Procedures, I hereby apply for membership at Westport Swim and on this application are all permanent members of my family. Form to and be bound by the rules and regulations of Westport as a rthermore, I hereby authorize Westport Swim & Tennis to autorise from the above said account. Date:		
Office Use Only Tour/Staff			
Accepted this day of	, Approved by:		
	1st Month Dues \$ Check#		