

# Application for Membership Tennis, Pickleball, Swim, Fitness, Social

2525 Shanklin Lane Denver, NC 28037 704-489-2227 westportclub@att.net

	nnis Family   Tennis SR Indiv Pickleball/Swim/Fitness   Sum	ř
	ye Golf Family □ All Inclusive ©	
APPLICANT INFORMATION		
	_	
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?	Ro	eferred by
•		•
Children Under 21		
Ciliar on Casta ==		
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	I Interests (circle your preference)	
Swim Swim Lessons / Swim Team	/ Water Aerobics	
   Tennis   Adult / Child / Learn	to Play / Clinics / League Play / Pr	rivate Lessons
	- Daytime / Evening /Weekends	Trace Debboth
Fitness	<b>2 4</b> ,	
Group Exercise Classes / Pers	sonal Training / Yoga	
Pickleball Lessons / Clinics / Open Play	y/Socials / Leagues	

### 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		
A N 1	D. C. N. L. (ADAM. L.)	
Account Number	Routing Number (ABA Number)	
Pleas	se attach a voided check.	
account indicated above, herein after called authorization is to remain in full force until CO	COMPANY, to initiate debit entries and/or correction entries to our ed DEPOSITORY, to debit the same to such account. This OMPANY has received written notification from me of its termina-DMPANY and DEPOSITORY reasonable opportunity of act upon it. ficient funds a fee of \$35 is charged.	
Signature	Date	
Visa/Mastercard on file with Westport This w If there is no valid credit card on file, all charg count plus a \$10 service charge.	t 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 listed By signing below, I agree as a member to confo	& Procedures, I hereby apply for membership at Westport Swim ed on this application are all permanent members of my family. Form to and be bound by the rules and regulations of Westport as thermore, I hereby authorize Westport Swim & Tennis to autofrom the above said account.  Date:	
Office Use Only Tour/Staff		
Accepted this day of	_, Approved by:	
	st Month Dues \$ Check#	