



MEMBERSHIP APPLICATION

DATE: _____ Type of Membership: _____ Individual, _____ Senior, _____ Junior*
 _____ Family of Two, _____ Family 3+

*For Junior Membership please provide parent contact name: _____

Payment Method: Cash _____ Check # _____ Credit Card _____ AMOUNT _____

Member Last Name: _____

First Name(s): _____	Date of Birth: _____ / _____ / _____
_____	Date of Birth: _____ / _____ / _____
_____	Date of Birth: _____ / _____ / _____
_____	Date of Birth: _____ / _____ / _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W): _____

E-Mail: _____ Cell: _____

(necessary in order to receive our newsletter and announcements)

How did you hear about us? Friend, Newspaper, Telephone Book, Realtor, etc. _____

Have you belonged to other Tennis Centers? If yes, City: _____

Name of Tennis Center or Club/Facility: _____

What are your main interests in a Tennis Center? Teams, Round Robins, Tournaments, Lessons, etc.:

Have you participated in organized league play? If yes, please list most recent levels:

	MEN	WOMEN	JUNIOR
League (ALTA, etc.) _____	_____	_____	_____
USTA _____	_____	_____	_____

All memberships are a one year, non refundable contract.

Tennis Center members and non-members are prohibited from conducting any type of teaching or coaching program on properties managed by the Peachtree City Tourism Association, except for professional instructors employed by the Association.

Revised 9/26/06