APPLICATION FOR MEMBERSHIP

Please name the Tennis Pro, member, or source for how you heard about CHTC:

_____ **Thank you!**

Chapel Hill Tennis Club
403 Westbrook Drive
Carrboro NC 27510
919 929 5248; Fax 919 929 1469

Office Use Only Date _____

Initiation Fee $_____ Dues $_____

Total Amount $_____

Payment by: Check #_____ Cash _____

Credit Card _____

Membership start date _____

Name(s) _____ **&** _____
Owner(s) of Membership

Street, Apartment # _____

City _____ **Zip** _____

_____ _____ _____
Home # Business# - Member 1 Business # - Member 2

_____ _____ _____
Cell # - Member 1 Cell # - Member 2 E-mail address

Dependent Children

1 Name _____ Date of Birth _____

2 Name _____ Date of Birth _____

3 Name _____ Date of Birth _____

4 Name _____ Date of Birth _____

Check Type of Membership Desired: (Please see the CHTC By-laws for qualifications)

_____ Family Membership

_____ Individual Membership

_____ Senior Family

_____ Senior Individual

_____ Transient Membership - Family or Single

_____ Young Adult Membership (Ages 18-30)
Date of Birth _____

Statement: I have read the By-laws and Rules of the Chapel Hill Tennis Club. When accepted for membership, I agree that I (and all members of my immediate family) will abide by them. In the event of resignation from the club, I understand and agree that my resignation is to be submitted to the club in writing and that I am responsible for payment of all dues and fees through the end of the month in which my resignation occurs.

Signature: _____ **Date** _____

Please check those CHTC services you will likely use as a member. Thank you!

_____ Tennis _____ Swimming _____ Fitness Center
_____ Pro Shop _____ Summer Camp ____ Other _____