



APPLICATION FOR MEMBERSHIP

Chapel Hill Tennis Club
403 Westbrook Drive
Carrboro NC 27510
919 929 5248; Fax 919 903-8721

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 _____ Transient Membership - Family or Single

_____ Individual Membership _____ Young Adult Membership (Ages 18-30)

_____ Senior Family _____ Date of Birth _____

_____ Senior Individual

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 _____