

# Membership Application

100 Racquet Club Parkway, Pelham, Alabama 35124 | 205.621.3380  
tennis@pelhamalabama.gov

Date: \_\_\_\_\_

Membership #: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

## Membership Type

Resident \_\_\_\_\_ Non-Resident \_\_\_\_\_

Individual \_\_\_\_\_ Family \_\_\_\_\_ Senior \_\_\_\_\_

Family members \_\_\_\_\_

\_\_\_\_\_

Proof of Residency \_\_\_\_\_

This agreement is valid for one (1) year from the date below. You may elect to pay by monthly bank drafts (12 months). If you choose to cancel your monthly bank draft within the first year, the remaining balance is due immediately. Memberships are only sold in yearly increments. I have read, understand, and agree to the financial obligation of the yearly membership.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Office Use Only Circle membership & amount

#### Pelham Residents

Individual	\$420.00	(\$35/month)
Senior	\$360.00	(\$30/month)
Junior	\$396.00	(\$33/month)
Family	\$480.00	(\$40/month)
Senior Family	\$420.00	(\$35/month)

#### Non-Residents

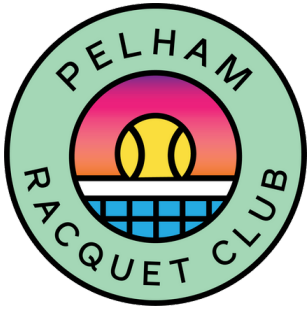
Individual	\$660.00	(\$55/month)
Senior	\$600.00	(\$50/month)
Junior	\$516.00	(\$43/month)
Family	\$720.00	(\$60/month)
Senior Family	\$660.00	(\$55/month)

Membership Effective Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

League Membership Effective Date: \_\_\_\_\_

League Membership Expiration Date: \_\_\_\_\_



# Debit Authorization Form

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I (we) hereby authorize the Pelham Racquet Club to initiate a DEBIT entry to my (our) checking account at the Financial Institution indicated below and initiate adjustments (if necessary) for any transactions debited in error. This authority will remain in effect until The Pelham Racquet Club is notified in writing to cancel it in such time as to afford the company and Financial Institution a reasonable opportunity to act on it. The Pelham Racquet Club requires a sixty (60) day cancellation notice in writing before the renewal date of the membership to halt the monthly bank draft. Memberships are sold in yearly increments. The cancellation of a bank draft does not in any way negate your membership agreement found at the bottom of the membership application.

Name of Financial Institution: \_\_\_\_\_

Location (City, State): \_\_\_\_\_

Financial Institution's Routing Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This form must be accompanied by a copy of a canceled check to verify the routing and checking number.