



# Membership Application

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

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_  
 Emergency Contact Phone: \_\_\_\_\_

Membership #: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

## 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. Should you need to pause your membership for medical reasons, you agree to provide documentation from your physician to be kept on file until the membership is no longer paused. I have read, understand, and agree to the terms and conditions and financial obligation of the yearly membership.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only

Circle membership & amount

Membership Type	Pelham Resident		Non-Resident		Effective Date:
Individual	\$444.00	(\$37/month)	\$684.00	(\$57/month)	_____
Family (2 members)	\$528.00	(\$44/month)	\$768.00	(\$64/month)	_____
55+	\$384.00	(\$32/month)	\$624.00	(\$52/month)	_____
55+ Family (2 members)	\$468.00	(\$39/month)	\$708.00	(\$59/month)	_____
65+	\$372.00	(\$31/month)	\$612.00	(\$51/month)	_____
65+ Family (2 members)	\$432.00	(\$36/month)	\$672.00	(\$56/month)	_____
Add'l Family	\$25.00	Each	\$25.00	Each	_____

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

BCBS FLEX BENEFITS ACCOUNT ACKNOWLEDGEMENT

I (we) hereby authorize the Pelham Racquet Club to apply my (our) Blue Cross Blue Shield flex health benefits in the amount of \$90 per quarter to my annual membership. I am aware and acknowledge that I (we) are responsible for the remaining balance of the annual membership. This authority will remain in effect until The Pelham Racquet Club is notified in writing to cancel the authorization. The Pelham Racquet Club requires a sixty (60) day cancellation notice. I understand that my information will be saved to file for future transactions on my account.

Initial \_\_\_\_\_

 DEBIT AUTHORIZATION

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: \_\_\_\_\_

A copy of a canceled check must accompany this form to verify the routing and checking number.

Signature \_\_\_\_\_ Date \_\_\_\_\_

 CREDIT AUTHORIZATION

I (we) hereby authorize the Pelham Racquet Club to charge my (our) CREDIT CARD indicated below for agreed-upon purchases and initiate adjustments (if necessary) for any transactions charged in error. This authority will remain in effect until The Pelham Racquet Club is notified in writing to cancel the authorization. The Pelham Racquet Club requires a sixty (60) day cancellation notice. I understand that my information will be saved to file for future transactions on my account.

Card Type: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ American Express \_\_\_ Discover

Cardholder Name (as shown on card): \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_

CVC: \_\_\_\_\_

Cardholder ZIP Code (from credit card billing address): \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

COMMUNICATIONS CONSENT ACKNOWLEDGEMENT

I authorize the Pelham Racquet Club to send me future written correspondence via email and/or text messaging regarding information relevant to the tennis community. My email and/or text messaging authorization does not obligate the Pelham Racquet Club to communicate with me by email and/or text messages to my cell phone or cease non-electronic communication. I acknowledge that some circumstances may prevent the Pelham Racquet Club from responding to my inquiry by email and/or text messaging.

\_\_\_ I CONSENT to the Pelham Racquet Club contacting me via text messaging using the cell phone number I provided.

\_\_\_ I CONSENT to the Pelham Racquet Club contacting me via email using the email address I provided.

PHOTOGRAPHY CONSENT ACKNOWLEDGEMENT

In consideration of my engagement as a patron of the Pelham Racquet Club, I hereby grant the following rights and permissions to Pelham Racquet Club ("Photographer"), their legal representatives and assigns, those for whom Photographer is acting and those acting with their authority and permission. They have the absolute right and permission to take, use, reuse, publish and republish portraits or pictures of me or in which I may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations from time to time, in conjunction with my own or a fictitious name, or reproductions of such photographs in color or otherwise, made through any medium at in any and all media now or hereafter known, including the internet, advertising, trade or any other purpose.

I also consent to the use of any published matter in conjunction with such photographs. I specifically consent to the digital compositing or distortion of the portraits or pictures, including without restriction and changes or alterations as to color, size, shape, perspective, context, foreground or background. I waive any right that I may have to inspect or approve any finished product or products or the adverting copy or printed matter that may be used in connection with such photographs or the use to which it may be applied.

I release, discharge and agree to hold harmless and defend Photographer, their legal representatives or assigns and all persons acting under their permission or authority or those for whom they are acting, from any liability by virtue of any reason in connection with the making and use of such photographs, including blurring, distortion, alteration, optical illusion or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication of them, including without limitation any claims for libel or violation of any right of publicity or privacy. I hereby warrant that I am a legal competent adult and have every right to contract in my own name. I state further that I have read the above authorization, release and agreement, prior to its execution, and that I am fully familiar with the contents of it. This release shall be binding upon me, and my respective heirs, legal representatives and assigns.

\_\_\_ I CONSENT to the Pelham Racquet Club's photography agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Seasonal League Fee Form

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 tennis@pelhamalabama.gov

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

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

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

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

\_\_\_\_\_

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

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

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

### CREDIT AUTHORIZATION

I (we) hereby authorize the Pelham Racquet Club to charge my (our) CREDIT CARD indicated below for agreed-upon purchases and initiate adjustments (if necessary) for any transactions charged in error. This authority will remain in effect until The Pelham Racquet Club is notified in writing to cancel the authorization. The Pelham Racquet Club requires a sixty (60) day cancellation notice. I understand that my information will be saved to file for future transactions on my account.

Card Type: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ American Express \_\_\_ Discover

Cardholder Name (as shown on card): \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_

CVC: \_\_\_\_\_

Cardholder ZIP Code (from credit card billing address): \_\_\_\_\_

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Team Captain: \_\_\_\_\_

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

Level: \_\_\_\_\_ Season: \_\_\_\_\_ Year: \_\_\_\_\_

League Dates: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Payment: \_\_\_\_\_

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_