

www.valleyswimandtennisclub.com
410-852-5020
valleyswimandtennis@me.com

VALLEY SWIM AND TENNIS CLUB 2018 MEMBERSHIP APPLICATION

Name: Last _____ First #1 _____ First #2 _____
Address _____

Home Phone: _____ Cell(name): _____ Cell(name) _____
Primary Email Address(for all electronic communication):

Single \$575 _____ Couple \$1075 _____ Family \$1500 _____
Current Table? _____

Table Change Requests (\$200): _____

Table Waitlist (\$0):yes _____ no _____

Interested in Men's Tennis _____ Women's Tennis _____ Junior Tennis _____

Employment:
Applicant #1: _____
Work # _____
Applicant #2: _____
Work # _____

Children's Names:
1. _____ D.O.B _____
3. _____ D.O.B _____
2. _____ D.O.B _____
4. _____ D.O.B _____

Two References from VSTC or the Community (new members only):

Name: _____

Relationship: _____

Telephone #: _____

Name: _____

Relationship: _____

Telephone #: _____

Please return application along with dues and table fees by April 1, 2018. Membership privileges, including tennis court usage will not be extended until dues are received and application is processed.

Checks should be made payable to VALLEY SWIM & TENNIS CLUB 1512 JEFFERS ROAD TOWSON MD 21204. A \$35.00 fee will be charged for any returned checks or declined cards.

Credit/Debit cards will be accepted for dues payments and/or monthly payments and will include an administrative fee of 3%. Please call the office directly to make payment arrangements by credit/debit card.

Dues are non-refundable.

Prices are subject to change.

MEMBERSHIP AND TABLE ASSIGNMENT WILL NOT BE ACCEPTED UNTIL A VALID DEBIT/CREDIT CARD AND A SIGNED COPY OF THE RULES AND REGULATIONS ARE RECEIVED.

All Applications are subject to the approval of the VSTC membership committee. By signing below, I/We apply for membership to the Valley Swim & Tennis Club and agree to the Policies & Rules of the club.

I/We agree to pay 2018 monthly bills UPON RECEIPT. If payment is not received by the 15th of each month, I/we understand that the outstanding balance will be placed on the debit/credit card on file with a 3% administrative fee. If the payment is declined or returned by the bank, a \$35.00 fee will be placed on our account. Delinquent accounts will be subject to review by the membership committee.

CreditDebit# _____ exp _____ cvv _____ zipcode _____

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____