

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

VALLEY SWIM AND TENNIS CLUB 2019 MEMBERSHIP APPLICATION

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

Contact Number(name): _____ Contact Number(name) _____

Primary Email Address(for all electronic communication):

Single \$475 _____ Couple \$875 _____ Family \$1500 _____

Private Table Program - \$200

Retain Current Table Yes _____ No _____

Change Table Location? Yes _____

Would you like to be placed on the waitlist for a private table?: 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 _____

Please return application along with dues and table fees by April 1, 2019. 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 \$50.00 admin 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%. 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 2019 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 \$50.00 admin fee will be placed on your account.

Delinquent accounts will be subject to review by the membership committee.

CreditDebit# _____ exp _____ cvv _____ zipcode _____

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

*******How Did You Hear About Us?*******

Member Referral/Name _____

Postcard _____

Other _____