

## MEMBERSHIP APPLICATION



Full Name (Primary Owner of Membership):

\_\_\_\_\_ DOB: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work

Secondary Phone: \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work

E-mail: \_\_\_\_\_

Enrollment Fee: ☐ Full (\$600) ☐ \$155 Plan (\$155 x 4 yrs) ☐ Non-Resident (\$300) ☐ Junior (\$50)

Membership Monthly Dues: ☐ Single (\$25/month) ☐ Double (\$40/month) ☐ Family (\$50/month)

Other names on membership (if applicable):

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ E-mail: \_\_\_\_\_

How did you hear about the Last Chance Tennis Center? \_\_\_\_\_

### ADDITIONAL INFORMATION

Primary Member First Name: \_\_\_\_\_

USTA Member: ☐ Yes ☐ No USTA Number: \_\_\_\_\_

NTRP Level: ☐ 2.5 ☐ 3.0 ☐ 3.5 ☐ 4.0 ☐ 4.5 ☐ OPEN ☐ Never rated

If never rated, select one: ☐ Beginner ☐ Intermediate ☐ Advanced

Interests: ☐ Leagues ☐ Tournaments ☐ Team Tennis ☐ Lessons/Clinics

Are you interested in volunteering? ☐ Yes ☐ No

Secondary Member First Name: \_\_\_\_\_

USTA Member: ☐ Yes ☐ No USTA Number: \_\_\_\_\_

NTRP Level: ☐ 2.5 ☐ 3.0 ☐ 3.5 ☐ 4.0 ☐ 4.5 ☐ OPEN ☐ Never rated

If never rated, select one: ☐ Beginner ☐ Intermediate ☐ Advanced

Interests: ☐ Leagues ☐ Tournaments ☐ Team Tennis ☐ Lessons/Clinics

Are you interested in volunteering? ☐ Yes ☐ No

I understand that I am responsible for monthly dues and court fees at the level of my membership.

\_\_\_\_\_  
*Signature of Primary Member*

\_\_\_\_\_  
*Date*

This member has received a tour and understands the LCTA Policies.

\_\_\_\_\_  
*Signature of LCTA Board Member or Club Manager*

\_\_\_\_\_  
*Date*

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*FOR MANAGER USE ONLY*

- ☐ Application completed and signed (*primary member only*)
- ☐ Member responsibilities initialed and signed (*all players on membership*)
- ☐ Payment authorization completed (*primary member only*)
- ☐ Liability waiver reviewed and signed (*all players on membership*)

Keycard number(s) assigned: \_\_\_\_\_