



# APPLICATION FOR MEMBERSHIP

**Chapel Hill Tennis Club**  
403 Westbrook Drive  
Carrboro NC 27510  
919 929 5248; Fax 919 929 1469

Office Use Only	Date _____
Initiation Fee \$ _____	Dues \$ _____
Total Amount \$ _____	
Payment by: Check # _____	Cash _____
Credit Card _____	
Membership start date _____	

Name(s) \_\_\_\_\_ & \_\_\_\_\_  
Owner(s) of Membership

Street, Apartment # \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Business# - Member 1 \_\_\_\_\_ Business # - Member 2 \_\_\_\_\_

Cell # - Member 1 \_\_\_\_\_ Cell # - Member 2 \_\_\_\_\_ E-mail address \_\_\_\_\_

### Dependent Children

1 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

2 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

3 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

4 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Check Type of Membership Desired: (Please see the CHTC By-laws for qualifications)

\_\_\_\_\_ Family Membership \_\_\_\_\_ Transient Membership - Family or Single

\_\_\_\_\_ Individual Membership \_\_\_\_\_ Young Adult Membership (Ages 18-30)

\_\_\_\_\_ Senior Family \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

**Statement:** I have read the By-laws and Rules of the Chapel Hill Tennis Club. When accepted for membership, I agree that I (and all members of my immediate family) will abide by them. In the event of resignation from the club, I understand and agree that my resignation is to be submitted to the club in writing and that I am responsible for payment of all dues and fees through the end of the month in which my resignation occurs.

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

Please name the member who referred you to CHTC: \_\_\_\_\_

Please check those CHTC services you will likely use as a member. Thank you!

\_\_\_\_\_ Tennis \_\_\_\_\_ Swimming \_\_\_\_\_ Fitness Center  
\_\_\_\_\_ Pro Shop \_\_\_\_\_ Summer Camp \_\_\_\_\_ Other \_\_\_\_\_