



SALEM TENNIS & SWIM CLUB

P.O. Box 3284
 Salem, Oregon 97302
 (503) 363-2424

APPLICATION for MEMBERSHIP

NAME _____ DATE OF BIRTH (IF JR) _____

SPOUSE (PARENT IF JR) _____

ADDRESS _____

CITY _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

WORK PHONE _____ EMAIL _____

EMERGENCY CONTACT _____ CONTACT PHONE # _____

CHILDREN'S NAMES BIRTH DATE CHILDREN'S NAMES BIRTH DATE

MEMBERSHIP TYPE

TENNIS

- Family \$130
- Couple \$110
- Single \$90
- Young Adult \$70 (19 – 25)
- Junior \$65 (18 & under)

FITNESS

- Couple \$65
- Single \$42

MEMBERSHIP TYPE

- Month to Month
- 12 Month Commitment
- 18 Month Commitment

Temporary Tennis or Fitness Membership (Up to four months annually. September – May, does not include summer months)

Cost: dues by type listed plus 20% per month. No initiation fee. Must convert or terminate membership within 4 months. If converting to year round membership, the months of temporary membership will count toward the months of commitment.

I have read and agree with the Conditions of Membership on the back of this application.

APPLICANT SIGNATURE _____ DATE _____

PARENT SIGNATURE (IF JR) _____ DATE _____

FOR OFFICE USE ONLY

Membership #: _____ Member Directory Given: Member Handbook Given: Application Copy to Member:

Pro-Rated or 1st Months Dues: \$ _____ 2nd Months Dues if joining after the 19th of the month: \$ _____ Initiation Fee: \$ _____

Total Amount Paid \$ _____ Date _____ Check # _____ Visa Cash

Date Re-Activated or Entered Into System _____ Date Key Card(S) Issued to Responsible Applicant _____

CONDITIONS OF MEMBERSHIP

1. I understand that my membership at Salem Tennis & Swim Club becomes active upon payment of an initiation fee (if applicable) and payment of monthly dues or pro-rated dues (if membership start date is not the 1st of any given month).
2. I promise to pay dues pro-rated for the month of acceptance of this application and to continue for the period of:
 month to month 12 months 18 months, thereafter. I understand that if I decide to resign from STSC during this period I am responsible for the remainder of the monthly dues for the remainder of the selected time commitment.
3. I understand that my STSC statement is payable in full on the 10th of each month. In addition, I understand that the membership dues set by the Board of Directors are subject to change in accordance with the By-Laws.
4. I understand that there is an annual maintenance fee that I am responsible for each year. The amount due each April is based on %5 of my annual dues the pervious year.
5. I understand that if my membership billing account is referred to a collection agency that I am responsible for any recovery fees charged by the collection agency.
6. I understand that at any time I wish to terminate my membership I must do so in writing and that I must continue paying monthly dues until I have notified STSC in writing of my intentions to terminate.
7. I understand and promise to abide by the rules, regulations and the By-Laws as developed by the Salem Tennis and Swim Club Board of Directors.
8. I understand the guest policy as stated in the STSC Member Handbook and that I am responsible for all guests (including guest fees) that I bring to Salem Tennis & Swim Club.
9. This application and pledge is made with the understanding that it is subject to the approval and acceptance by the Board of Directors.