



SALEM TENNIS & SWIM CLUB

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

2010 SUMMER MEMBERSHIP APPLICATION

NAME _____ DATE OF BIRTH (IF JR) _____

SPOUSE (PARENT IF JR) _____

CHILDREN'S NAMES _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ ZIP _____

HOME PHONE _____

WORK PHONE _____

EMAIL _____

EMERGENCY CONTACT _____

CONTACT PHONE # _____

CONDITIONS OF MEMBERSHIP

1. I understand that my membership at Salem Tennis & Swim Club becomes active upon payment in full of Summer Membership Dues.
2. 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.
3. I understand the guest policy as stated in the STSC Member Handbook and that I am responsible for all guests that I bring to Salem Tennis & Swim Club.
4. This application and pledge is made with the understanding that it is subject to the approval and acceptance by the Board of Directors.

MEMBERSHIP CATEGORY – SUMMER

Family Summer Membership

- Paid in full by December 23, '09 \$499.00
- Paid in full by January 31, 2010 \$550.00
- Paid in full by March 31, 2010 \$575.00
- Paid April 1, 2010 or after \$595.00

Junior Summer Membership

- Paid in full by April 30, 2010 \$350.00
- Paid May 1, 2010 or after \$400.00

Lap Swim Summer Membership

- Single \$210
- Couple \$270

 Returning Member – Account # _____

New Member - How did you hear about us?

Membership is valid from MEMORIAL DAY WEEKEND THROUGH LABOR DAY

A \$100.00 non-refundable deposit may be put down to hold your membership but the balance due will be based on the date balance is paid in full, not the date deposit is paid. If the total remaining portion of your balance is not paid by opening day (Memorial Day Weekend), your deposit will be forfeited and your spot will be offered to the next available family on the waiting list. If memberships are still available after Opening Day, and you have not paid the balance, your \$100.00 deposit may be applied to the \$595.00 membership fee.

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

APPLICANT SIGNATURE _____ DATE _____

PARENT SIGNATURE (IF JR) _____ DATE _____

FOR OFFICE USE ONLY

PAID IN FULL \$ _____ DATE _____ CHECK # _____ VISA CASH

DEPOSIT PAID \$ _____ DATE _____ CHECK # _____ VISA CASH

BALANCE PAID \$ _____ DATE _____ CHECK # _____ VISA CASH

DATE RE-ACTIVATED OR ENTERED INTO SYSTEM _____ KEY CARD # ISSUED TO RESPONSIBLE APPLICANT _____