

APPLICATION FOR MEMBERSHIP

Family
 Senior

Individual
 Family(Non-Res.)

Under 35
 Individual (Non-Res.)

Primary Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Spouse's Name (if applicable): _____

Telephone Numbers: Home: _____

Business: _____

Spouse's Business: _____

Date of Birth: ___/___/___ Spouse's Date of Birth: ___/___/___

Children's Name(s) and their Date of Births:

_____/___/___ _____/___/___
_____/___/___ _____/___/___

Email Address: _____

Spouse's Email Address: _____

Social Security Number: _____-_____-_____

Credit Card Number: _____-_____-_____-_____ Exp: ___/___

I, the undersigned, agree if elected into membership at the Raleigh Racquet Club to conform to and be bound by the By-Laws and the Rules and Regulations of the club from the date below. I understand that this application for membership is subject to approval by the Board of Directors. A deposit of one hundred dollars (\$100) is required with this application. If accepted into membership, this deposit will be credited towards the current initiation fee for the respective membership marked above; it will not be returned otherwise. I understand that I must retain my membership for one calendar year from the date below. If I fail to fulfill this commitment or if I resign from the club with a balance due, my signature below gives the Raleigh Racquet Club the authority to charge my credit card for the remaining balance.

Signature: _____ Date: ___/___/___

Spouse's Signature: _____ Date: ___/___/___

Member #: _____

Initiation Fee: _____

Membership Code: _____

Payment Type: _____

Effective Date: _____

Payment Amount: _____

Quarterly Dues: _____

Prorated Dues: _____

Member Referral: _____

RRC Staff: _____