

**MINNETONKA TENNIS CLUB**  
**ADULT MEMBERSHIP (circle one) Single, Family, Young Professional, Combo, Senior,**  
**Out of Town Single, Out of Town Family**

**APPLICANT INFORMATION**

Name:		
Date of Birth:	Cell Phone:	Home Phone:
Address:		
City:	State:	ZIP Code:
Email address:	Emergency Contact:	Preferred Hospital:

**EMPLOYMENT INFORMATION- MUST BE COMPLETED**

Current Employer:		
Employer Address:		Start Date:
City:	State:	ZIP code:
Work Phone:	Fax #:	Work E-mail:
Position:		

**METHOD OF PAYMENT ON ACCOUNT – MUST BE ELECTED**

<b>Choose one of the following payment options</b>	*Automatic Check Withdrawal Drawn on the 20th <input type="checkbox"/>	Auto payment with Credit Card Paid on the 15th <input type="checkbox"/>
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**SPOUSE & CHILDREN INFORMATION IF FAMILY/COMBO MEMBERSHIP-MUST BE COMPLETED**

Spouse Name:		
Employer Address:		Work Phone:
Cell Phone:	E-mail:	Date of Birth:
Child's Name:	Child's Name:	Child's Name:
Child's Name:	Child's Name:	Child's Name:

**APPLICANT CREDIT CARD (NO AMERICAN EXPRESS) & DRIVERS LICENSE REFERENCE INFORMATION**

Cardholder Name:	Credit Card #:	
CC Expiration Date:	CC Security Code:	
Name on Driver's License	DL#	DL Expiration

**SCHOOL & TENNIS EXPERIENCE (CIRCLE ALL THAT APPLY)**

Elementary or High School:	Tennis Experience: None Park & Rec Other Facility School Team
College:	Club Team Intermural Collegiate

**SIGNATURES**

- I would like to receive my statement each month at this e-mail address: \_\_\_\_\_
- I prefer to have my statement mailed to me at the address noted above.

I authorize the verification of the information provided on this form. I have received a copy of this application. ***\*I give the representative(s) of Minnetonka Tennis Club and or Highland Management Company permission to automatically pay the balance on my account each month by the method of payment elected on this form.*** A return check fee of \$35 will be charged to your account in the event of this occurrence, if you chose the ACH method of payment. If funds are not available in the bank account noted, I understand an attempt will be made to pay this account balance with the credit card noted on this application.

I further agree to provide on demand, to of Minnetonka Tennis Club, or its representative(s) a valid credit card should the one noted on this application expire or be cancelled. If payment is not met, all membership privileges for all applicants will be terminated immediately. I (we) also agree to hold harmless Minnetonka Tennis Club and Highland Management or its representatives for any injury, personal harm or theft sustained by me (us) on its entire premises.

Signature of applicant (If 19 or older):	Date:
Signature of Guardian (If applicant is age 18 or younger):	Date: