

MINNETONKA TENNIS CLUB
MEMBERSHIP TYPE (circle one) Junior or College Member

APPLICANT INFORMATION

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

PARENT/GUARDIAN EMPLOYMENT INFORMATION- MUST BE COMPLETED

Mother's Name:		
Address (if different than above):		E-mail
City:	State/Zip:	
Home Phone:	Cell Phone:	Work Phone:
Employer:	Employer Address:	Position:

METHOD OF PAYMENT ON ACCOUNT – MUST BE ELECTED

Choose one of the following payment options	*Automatic Check Withdrawal Drawn from Checking the 20th <input type="checkbox"/>	Auto payment with Credit Card Paid on the 15 th of each month <input type="checkbox"/>
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PARENT/GUARDIAN EMPLOYMENT INFORMATION-MUST BE COMPLETED

Father's Name:		
Address (if different than above):		E-mail
City:	State/Zip:	
Home Phone:	Cell Phone	Work Phone
Employer:	Employer Address:	Position:

CREDIT CARD (NO AMERICAN EXPRESS EXCEPTED) & 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: