



**TRIANGLE TENNIS CLUB
MEMBERSHIP APPLICATION
2012 SEASON**

NAME : _____

PERMANENT ADDRESS : _____

SUMMER ADDRESS : _____

TELEPHONE NO : _____ LOCAL NO : _____

EMAIL ADDRESS : _____

ANNUAL MEMBERSHIPS

__ ADULTS \$1,200

__ COUPLE \$2,000

__ CHILDREN \$450 * UNDER 16

__ FAMILY \$2,450 * (COUPLE PLUS 2 CHILDREN)

WEEKDAY ONLY MEMBERSHIPS - MON. - FRI. UNTIL 4 P.M.

__ ADULTS \$750

__ COUPLE \$1,250

__ CHILDREN \$300 * UNDER 16

__ FAMILY \$1,550 * (COUPLE PLUS 2 CHILDREN)

MONTHLY MEMBERSHIPS

	JUNE	JULY	AUGUST
__ ADULTS	__ \$450	__ \$575	__ \$625
__ COUPLE	__ \$625	__ \$825	__ \$1000
__ CHILDREN * UNDER 16	__ \$225	__ \$275	__ \$325
__ FAMILY * (COUPLE PLUS 2 CHILDREN)	__ \$750	__ \$1000	__ \$1,275

Please make checks payable to: TRIANGLE TENNIS CLUB Amount Enclosed: _____

By applying for membership at Triangle Tennis Club, applicant acknowledges that playing tennis at the Triangle Tennis Club is at one's own risk and applicant further agree to indemnify Hamptons Tennis Company, Inc., and Triangle Tennis Club, its owners and assigns, from any damages or claims resulting from injury to player.

I have read the above:

SIGNATURE: _____ **DATE:** _____