

WEMBLY SWIM & RACQUET CLUB

P.O. BOX 29801 RICHMOND VA. 23242-0801

www.wembly.org

APPLICATION FOR TENNIS ONLY MEMBERSHIP

Membership is from May 1st to the last day of the month of April of the next year

NAME _____

CELL # _____

EMPLOYED BY _____

WORK # _____

SPOUSE'S NAME _____

CELL # _____

EMPLOYED BY _____

WORK # _____

ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

HOME # _____

EMAIL _____

CHILDREN RESIDING IN YOUR HOUSEHOLD PERMANENTLY

NAME _____ D.O.B. _____

NAME _____ D.O.B. _____

NAME _____ D.O.B. _____

NAME _____ D.O.B. _____

EMERGENCYCONTACT Name and phone # _____

FEES

FAMILY ANNUAL DUES \$100.00

SINGLES (No Dependents) \$75.00

TOTAL CHECK AMOUNT \$ _____

THERE IS A \$25.00 RETURN CHECK FEE

I understand the application fee schedule as printed on this form. I also understand that this application for TENNIS ONLY MEMBERSHIP AND I/WE HAVE NO POOL OR VOTING RIGHTS(_____) , must be approved under the conditions established by the Board of Directors, and, if accepted, I and all members of my family agree to abide by the charter, by-laws, and regulations of Wembly Swim & Racquet Club.

Applicant(s):Signature _____

Return this application with fees to the above address.