



## Associate Membership Application

Date: \_\_\_\_\_ Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone numbers: (h) \_\_\_\_\_ (cell) \_\_\_\_\_

Level of play \_\_\_\_\_

Year of birth: \_\_\_\_\_

I would like to purchase:

a 3-month Associate Membership beginning date: \_\_\_\_\_ end date: \_\_\_\_\_

a 12-month Associate Membership beginning date: Oct 1, end date: Sept 30,

Associate Memberships are non-refundable and non-transferable. Associate members are non-voting members who have full access/use of the facility and are invited and encouraged to engage with Equity Members in the activities of club operations, participate on committees and to access all club opportunities.

As a new member of OUR COURT Tennis Club, I have read and understand the By-Laws of OUR COURT Tennis Club and agree to the policies and guidelines of the club. These Bylaws and policies are posted on our web site and available at the club. I will also participate in a club orientation with a Board Member.

\_\_\_\_\_  
Associate Member Signature Date

\_\_\_\_\_  
Board Member Signature Date

Payment: \_\_\_\_\_ Received by club: \_\_\_\_\_  
Date