



Proprietary / Non-Proprietary Membership Application

<input type="checkbox"/> Proprietary	<input type="checkbox"/> Single <input type="checkbox"/> Family	<input type="checkbox"/> Non-Proprietary	<input type="checkbox"/> Single <input type="checkbox"/> Family
--------------------------------------	--	--	--

Name of Applicant: _____
(Last) (First)

Birthdate: _____ Play Level /USTA Rating: _____
(Month) (Day) (Year)

Mailing/Billing Address: _____
(No PO Boxes accepted) (Street)

(City) (State & Zip)

Telephone Numbers: _____
(Home) (Business) (Cell)

Email Address(es): _____

Occupation: _____ Employer: _____

Name & Tel(s) for Emergency Contact: _____

For Family Memberships Only

Name of Co-Applicant: _____
(Last) (First)

Birthdate: _____ Play Level /USTA Rating: _____
(Month) (Day) (Year)

Telephone Numbers: _____
(Home) (Business) (Cell)

Email Address(es): _____

Name & Contact Tel(s) for Emergency Contact: _____

Names & Birth Dates of Minor Children:

#1 _____ #3 _____

#2 _____ #4 _____

For Non-Proprietary Memberships Only:

Details of Existing Club Membership

Club Name & Address: _____

Year Joined: _____ Type of Membership: _____

As Member(s) in good standing at another Tennis Club in Marin or neighboring County, I/We understand that I/We will only pay the normal monthly dues, assessments and food minimums for the first 12 months. The Initiation Fee of \$2,050/\$2,800 will be paid in full over the following 24 months at the current MTC Capital Loan Rate (Currently 6.25%). Full Membership will be conferred once the payments has been received in full. I/We understand that any Initiation Fee paid is non-refundable and that My/Our Membership is non-transferable. In the event that I/We discontinue our Membership at the other club during the first yeat at MTC, I/We understand that the 24 month payments will become applicable immediately, commencing from the next billing cycle.

I/We also understand that Non-Proprietary Members may become Members of Committees, and participate in all social functions, however, do not have rights to vote and may not serve on The Board. I/We understand Non-Proprietary Members are subject to any assessment(s), however, do not have any ownership rights until Full Membership is conferred.

I/We agree that during the first year, at the request of the General Manager, I/We will provide a copy of current monthly dues statement/s from My/Our Club.

I/We understand that is My/Our responsibility to pay the monthly dues and other charges commencing the month of joining, and further that I/We will be responsible for payment of one calendar month of active dues after such time that I/We resign.

I/We agree to bound by the bylaws and House Rules of Marin Tennis Club. (Copies of House Rules and bylaws are available at the Club Office.)

I/We acknowledge that this form constitutes the entire agreement with regard to application for Membership and that no verbal or other agreements have been made or are valid.

I/We acknowledge the physical activities pursued at The Marin Tennis Club are inherently risky in nature, and that I/We will pursue those activities at My/Our own risk. I/We have signed the Waiver of Liability per the bylaws.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

Other Information

Are You/Your Family Interested In? (Check all that apply)

- | | | |
|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> League Play | <input type="checkbox"/> Social Play | <input type="checkbox"/> Lesson/Clinics |
| <input type="checkbox"/> Singles | <input type="checkbox"/> Doubles | <input type="checkbox"/> Mixed Doubles |

How Did You Hear About Marin Tennis Club? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Played Matches at the Club | <input type="checkbox"/> Walk-In |
| <input type="checkbox"/> Local Neighborhood | <input type="checkbox"/> Found on CraigsList or Web Search |
| <input type="checkbox"/> My Kids Summer Camp/After School Clinic | <input type="checkbox"/> Played in Clinics or on Team with MTC Tennis Pros |
| <input type="checkbox"/> Recommendation from current MTC Member | Name of Referring Member: _____ |