



# MARIN TENNIS CLUB

EFFECTIVE NOVEMBER 1, 2018

## WAIT LIST APPLICATION

**TYPE OF MEMBERSHIP APPLYING FOR:**      **Single** \_\_\_\_\_  
(Please Check One)                                 **Family** \_\_\_\_\_

**NAME** \_\_\_\_\_  
                    **(Last)**                                 **(First)**

**NAME OF CO-APPLICANT (If applying for Family Membership)**  
\_\_\_\_\_

**(Last)**                                 **(First)**

**MAILING/BILLING ADDRESS** \_\_\_\_\_  
(Street – PO Box is not acceptable)

\_\_\_\_\_

**(City)**                                 **(Zip)**

**Applicant**  
**Home Tel.** \_\_\_\_\_ **Biz Tel.** \_\_\_\_\_ **Cell #** \_\_\_\_\_  
**E-Mail address** \_\_\_\_\_

**Co-Applicant**  
**Home Tel.** \_\_\_\_\_ **Biz Tel.** \_\_\_\_\_ **Cell #** \_\_\_\_\_  
**E-Mail address** \_\_\_\_\_

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## NAMES AND BIRTH DATES OF MINOR CHILDREN

(If applying for Family Membership with children):

# 1 \_\_\_\_\_ # 3 \_\_\_\_\_

# 2 \_\_\_\_\_ # 4 \_\_\_\_\_

Please tell us about your tennis experience, other clubs that you have belonged to and leagues that have played in. If you have a USTA rating, please share it with us. MTC welcomes players of all abilities and ages!!

### Applicant

USTA Rating \_\_\_\_\_

USTA Age Group \_\_\_\_\_

Other Club(s) \_\_\_\_\_

Leagues played \_\_\_\_\_

Preferred days/times to play \_\_\_\_\_

### Co-Applicant

USTA Rating \_\_\_\_\_

USTA Age Group \_\_\_\_\_

Other Club(s) \_\_\_\_\_

Leagues played \_\_\_\_\_

Preferred days/times to play \_\_\_\_\_

**Children(s) playing experience/level of play:**

\_\_\_\_\_

### **OTHER INFORMATION**

How did you find out about the Marin Tennis Club?

\_\_\_ Played matches at the club

\_\_\_ Walk-in

\_\_\_ Local Neighborhood

\_\_\_ Found through Craig's List or Web search

\_\_\_ Through my kids summer camp/after school clinic

\_\_\_ Played in clinics or on teams with MTC Tennis Pros

\_\_\_ Recommendation from current MTC member

*If the latter, who is the referring MTC member*

\_\_\_\_\_

# **YOUR AGREEMENT WITH THE MARIN TENNIS CLUB**

Full Legal Name of Applicant \_\_\_\_\_

Full Legal Name of Co-Applicant \_\_\_\_\_

In completing the application for Wait List to the Marin Tennis Club, I/we understand that my/our payment of \$500 will qualify our my/our position on the MTC Wait List. I/we further understand that this fee is nonrefundable and will be applied to the initiation fee due when a membership position becomes available.

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

**APPLICANT'S SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**CO-APPLICANT'S SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**THANK YOU FOR YOUR INTEREST IN JOINING THE PREMIER MEMBER-OWNED TENNIS CLUB IN MARIN COUNTY. WE LOOK FORWARD TO WELCOMING YOU TO OUR TENNIS FAMILY.**