



## JUNIOR MEMBERSHIP CONTRACT AND APPLICATION

### APPLICANT

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
School: \_\_\_\_\_  
How did you hear about ATC? \_\_\_\_\_ Web Site: \_\_\_\_\_

BILLING PREFERENCE:  U.S. POSTAL SERVICE  E-MAIL

### JUNIOR MEMBERSHIP (Must be under 18 yrs. of age)

- \$50 initiation, \$30 monthly dues



Membership in the Albany Tennis Club is subject to approval by the Board of Directors.

I HAVE READ AND AGREE TO BE BOUND TO THE CLUB RULES AND POLICIES: \_\_\_\_\_ (APPLICANT'S INITIALS)

\_\_\_\_\_  
*Signature of Applicant* Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent or Legal Guardian for Junior Membership Applicant* Date: \_\_\_\_\_

*It shall be the continuing policy of Albany Tennis Club that membership shall be open to all individuals and families subject to limitations on the numbers of memberships, without regard to age, race, color, religion, sexual orientation, marital status, domestic partnership, disability, gender, or national origin.*