

**INDIAN WELLS TENNIS GARDEN
MEMBERSHIP APPLICATION**

Level: 2.5, 3.0, 3.5, 4.0, 4.5, 5.0
Play: SGL, DBL, MXD
Surface: Hard, Clay, All
Avail: S M T W T F S

Member Name: _____

Level: 2.5, 3.0, 3.5, 4.0, 4.5, 5.0
Play: SGL, DBL, MXD
Surface: Hard, Clay, All
Avail: S M T W T F S

Spouse Name: _____

Children: _____ (under 18, living at home)

Primary Address: (for mailing & billing) _____ (street) _____ (apt)
_____ (city) _____ (state) _____ (zip)

Telephone(s): _____ (home) _____ (work) _____ (cell)

The best telephone number to contact you for matches is: _____

Secondary Address: _____ (street) _____ (apt)
_____ (city) _____ (state) _____ (zip)

Secondary Telephone(s): _____ (home) _____ (work)

To receive our monthly newsletter, enter your email address: _____

Type: _____ Initiation Fee: _____ Yearly: _____ Monthly: _____

Invoice #: _____ Check #: _____ Credit Card #: _____ Exp: _____

Referred By Member: _____

Are you a current USTA member? _____

How did you hear about the Indian Wells Tennis Garden Tennis Club? _____

I understand that this membership is a continuous payment plan and will remain in effect until I terminate the membership. I may cancel this membership with 30 days prior notice by writing a cancellation letter and sending it via certified mail or hand delivering the letter to the club. Any and all fees previously paid shall be forfeited. After cancellation of membership, future attempts to rejoin may incur additional fees. **Initials:** _____

Signature: _____ Date: _____