ATLANTIC BEACH TENNIS CENTER
SUMMER 2011 MEMBERSHIP APPLICATION

NAME: _____ _____ _____
(FIRST) **(M.I)** **(LAST)**

ADDITIONAL MEMBER, IF COUPLE MEMBERSHIP: _____

ADDRESS: _____

HOME: _____**CELL:** _____**E-MAIL** _____

ADULT MEMBERSHIP:

ATLANTIC BEACH RESIDENTS	NON-RESIDENTS
☐ INDIVIDUAL FULL - $900	☐ INDIVIDUAL FULL - $1150
☐ COUPLE (FULL) - $1750	☐ COUPLE (FULL)- $2250
☐ WEEKDAY (INDIVIDUAL) - $750	☐ WEEKDAY (INDIVIDUAL) - $975
☐ WEEKDAY (COUPLE) - $1400	☐ WEEKDAY (COUPLE) - $1820

NOTE: FULL COUPLE MEMBERSHIPS INCLUDE 2 ADULTS AND CHILDREN UNDER 18 YEARS OLD ONLY. NO EXCEPTIONS

PAYMENT METHOD:

CHECK (PAYABLE TO ATLANTIC BEACH TENNIS CENTER)
MASTERCARD / VISA: CREDIT CARD NUMBER _____
EXP. DATE _____

CONDITIONS OF MEMBERSHIP

All members and guests agree that the use of the facilities of Atlantic Beach Tennis Center shall be at their own risk and that they shall hold ABTC harmless from liability of any kind including personal injury in connection with the use of the facility. All members further acknowledge and agree that there are dangers in playing tennis and that ABTC shall not be liable for personal injuries, property damage, or either loss sustained by the undersigned in, on, or about the premises of the club, or arising out of the use or intended use of any facilities, equipment or other property of the ABTC.

By signing this application, I hereby accept the following terms and conditions of club membership with Atlantic Beach Tennis Center for the 2011 summer season: **Memberships are non-refundable and are non-transferable**. I submit this application for the above selected membership category. I understand that the membership is valid from **May 14, 2011 to September 11, 2011**. I agree to pay the membership fee per the above stated options. I further agree to comply with all rules and regulations of the Atlantic Beach Tennis Center facility as they may exist or be changed from time to time during my membership. I understand that the rules and regulations include a provision that my membership may be terminated if I fail to pay any/all of the applicable fees including but not limited to membership dues, court fees, cancellation fees, etc.

MEMBER'S SIGNATURE _____ **DATE** _____

Please return application with full payment to:
ATLANTIC BEACH TENNIS CENTER
60 The Plaza • Atlantic Beach, NY 11509
PHONE (516) 239-3388 • www.atlanticbeachtennis.com