

BYLAWS/ HOUSE RULES

The undersigned agrees to conform to and be bound by the Bylaws and House Rules of the Club. These Bylaws/ House Rules may be amended from time to time.

MEMBERSHIP RESIGNATION

The undersigned agrees to give T Bar M Racquet Club 30 days notice in writing of his/her intent to resign from the Club. All accrued dues and other charges for which the Member is liable are due upon the effective date of resignation.

WAIVER OF LIABILITIES AND WAIVER OF CLAIMS

It is expressly agreed that all use of the Facilities shall be undertaken by the Member or the Member's Guest at his of her sole risk, and that the Club shall not be liable for any injuries or any damages to any Member or Guest, or to the property of any Member or Guest, or be subject to any claim, demand, injury, or damage whatsoever, including, without limitation, those damages resulting from acts of active or passive negligence on the part of the Club, its officers, or its guests. The Member, for himself or herself, and on behalf of his or her executors, administrators, heirs, assigns, successors, does hereby expressly forever release and discharge the Club, its owners, officers, employees, agents, successors, and assigns from all such claims, demands, injuries, damages, actions, or cause of action. The Club shall not be responsible for liability to the Members or the Member's Guests for articles damaged, lost, or stolen in or about the Club or the lockers, or for loss or damages to any property, including but not limited to automobiles and the contents thereof.

PAYMENT OF MEMBERSHIP ACCOUNT

I understand that it is a requirement, and I hereby give permission for T Bar M Racquet Club to debit the following account on a monthly basis for club dues and charges. I agree to provide 30 days notice if I choose to discontinue this service. Please select only one of the following methods of payment and attach a blank voided check if you are selecting the Electronic Funds Transfer option.

Name as it appears on card or check: _____

ELECTRONIC FUNDS TRANSFER

Bank Name: _____

Bank ABA Number: _____ Account Number: _____

*ABA Number is located to the left of your account number at the bottom of your check.

AUTOMATIC CREDIT CARD BILLING

Card Type (Circle): Visa Master Card Discover Amex Account Number: _____

Expiration Date: _____

I understand that it is my responsibility to inform the club of any changes to my credit card/banking information and that a declined credit card or returned EFT may subject my account to suspension and service fees.

Date: _____ Signature of Applicant: _____

Date: _____ Signature of Applicant: _____

Please do not print my contact information in the directory Please do not use my (or my family's) picture on the website.

FOR CLUB USE ONLY

ACCEPTED FOR MEMBERSHIP _____ / _____ / _____

SIGNATURE OF CLUB OFFICER _____

MEMBER NUMBER _____ DUES CODE _____ LOG NUMBER _____

MEMBERSHIP APPLICATION





I hereby apply for T Bar M Racquet Club membership and the resultant rights and privileges.



PRIMARY INFORMATION

Mr. Mrs. Ms. Miss Dr.

Name (Please Print) _____ Date of Birth _____ / _____ / _____

Home Address _____

City _____ State _____ Zip _____ Home Phone (_____) _____

Cell Phone (_____) _____ iPhone Android

Email Address _____

Marital Status Single Married

Company Name _____ Type of Business _____

Title _____ Business Address _____

SPOUSE INFORMATION

Mr. Mrs. Ms. Dr.

Name (Please Print) _____ Date of Birth _____ / _____ / _____

Cell Phone (_____) _____ iPhone Android

Email Address _____

Company Name _____ Type of Business _____

Title _____ Business Address _____

DEPENDENT INFORMATION

Name (under 21) Date of Birth Sex Name (under 21) Date of Birth Sex

MEMBERSHIP INFORMATION

I am applying for Membership in the following category (Full Single or Family, Junior Executive Single or Family (adults age 35 & under), Senior Single or Family (age 65 & over), Padel Single or Family, Summer):

Please Email my monthly statement to: _____

INITIATION FEES AND DUES

Initiation Fee \$ _____ (+ Tax) *Note: The initiation fee should accompany the application for club membership

The monthly dues are \$ _____ (+ Tax)
(Dues are subject to change at the discretion of the Club)

OTHER CLUB AFFILIATIONS

I am currently a member of the following Clubs:

Club Name _____ City/State _____ Phone _____ # Years _____

Club Name _____ City/State _____ Phone _____ # Years _____

JUMPSTART INFORMATION

TENNIS & PADEL

ADULTS: (Please write adult's name next to the program(s) he/she is interested in)

Leagues	Private Instruction	Group Clinics	Tournaments	Tennis Mixers	Padel
Women's Tennis Association (WTA)	Men's Tennis Association (MTA)	Adult Instructional Program (AIP)			
TENNIS LEVEL (Please Circle)	Men Beg. 3.0 3.5 4.0 4.5 5.0 Adv.	Women Beg. 3.0 3.5 4.0 4.5 5.0 Adv.			

TENNIS & PADEL

JUNIORS: (Please write child's name(s) next to the program they are interested in)

Academy	Junior Academy	Future Stars (3-5 years)	Padel Lessons/Tournaments	Padel Level _____
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ATHLETIC CENTER: Fitness, Rehabilitation and Chiropractic

(Please write which adult/child(ren) are interested in following program(s))

Chiropractic	Active Release Therapy	Massage	Strength & Conditioning	Personal Training
Pilates	Spin			

SWIM (Summer only) (Please indicate interest in which program(s))

Swim Team	Pool parties	Private Lessons
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SOCIAL (Please indicate interest in which program(s))

Private Parties	Birthday Parties	Bar & Bat Mitzvahs	Weddings	Group/Business Meetings & Meals
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