

2007 - 2008 Membership Application

Office Use: _____ - # _____

Moorland Park Tennis Center 2900 South 163rd Street New Berlin, Wisconsin 53151 262- 782-0420

Date _____

Name _____ date of birth ____ - ____ - ____

Spouse/Legal Guardian _____ date of birth ____ - ____ - ____

Children (of tennis playing age) _____ date of birth ____ - ____ - ____

_____ date of birth ____ - ____ - ____

_____ date of birth ____ - ____ - ____

_____ date of birth ____ - ____ - ____

Address _____ City _____ Zip _____

Telephone ____ - ____ - _____ Business Phone ____ - ____ - _____

Cell Phone ____ - ____ - _____ Email: _____

Employer _____

Position _____ How long with firm _____

Address _____ City _____ Zip _____

Member Sponsor Name: _____

I/We hereby apply for the following Class M membership Family Individual Junior Senior Senior Family

M-1 Family, (including all children under the age of twenty-one (21)) Monthly* \$60/month + \$100 activation fee
Annual Dues \$460.00 + \$23.46 tax = \$483.46

M-2 Individual (over the age of twenty-one (21)) Monthly* \$45/month + \$50 activation fee
Annual Dues \$335.00 + \$17.06 tax = \$352.06

M-3 Junior (individuals under the age of twenty-one (21)) Monthly* \$25/month + \$25 activation fee
Annual Dues \$185.00 + \$9.44 tax = \$194.44

M-4 Senior (any person over the age of sixty-five (65)) Monthly* \$35/month + \$25 activation fee
Annual Dues \$265.00+ \$13.52 tax = \$278.52

M-5 Senior Family (both members over the age of sixty-five (65)) Monthly* \$45/month + \$50 activation fee
Annual Dues \$360.00 + \$18.36 tax = \$378.36

***All monthly memberships are good for one full year and members will be responsible for a full year of membership dues. Monthly memberships are considered a one year contract. First months membership and activation fee must accompany application. WRC/Moorland must receive 30 days advance, written notice to terminate membership. To qualify for monthly billing option, applicants must register for auto-pay and provide bank information. A \$10 service charge will be applied to all dues over 30 days delinquent as well as a 1.5% interest charge. Applicants must also provide a copy of driver's license. The membership becomes effective the 1st day of calendar month in which dues are paid.**

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INFORMED CONSENT

Primary Member Name: _____ D.O.B.: ___/___/___ Member #: _____
Spouse: _____ D.O.B.: ___/___/___
Child 1: _____ D.O.B.: ___/___/___
Child 2: _____ D.O.B.: ___/___/___
Child 3: _____ D.O.B.: ___/___/___
Child 4: _____ D.O.B.: ___/___/___

I am aware that participation in club activities including but not limited to tennis and fitness, includes certain risks, including but not limited to the risk of serious injury or death. I am voluntarily participating in the activities available to me at the Western Racquet Club and Moorland Park Tennis Center with knowledge of the dangers involved, and I hereby agree to accept full responsibility for the risks involved.

I hereby assume any risks normally associated with the use of the Club's facilities and participation in activities or programs conducted at the Club including but not limited to tennis and fitness. I hereby agree to release, hold harmless, and indemnify Western Racquet Club and Moorland Park Tennis Center, its employees, agents and contractors for any claims arising out of or related to my use of the Club.

I also agree to release, hold harmless, and indemnify Western Racquet Club, its employees, agents and contractors for any claims arising out of or related to any use of the Club by the minor(s) listed above.

I agree to all conditions of membership to the Moorland Park Tennis Center as stated in membership application. This application serves as a contract for one-full year and I am responsible for all membership dues for that period of time.

Name: _____ Date: _____
Name: _____ Date: _____

**AUTHORIZATION TO HONOR DIRECT ACH DEBITS
DRAWN BY WESTERN RACQUET CLUB**

INSTRUCTIONS- only complete for monthly memberships

- 1. Complete all parts of this form.
- 2. Execute signatures where indicated. If account requires counter signatures, both signatures must appear on this form.
- 3. **IMPORTANT:** Attach voided check from checking or savings account.

ACCOUNT HOLDER INFORMATION:

Bank name: _____
Bank Routing #: _____
Account Title: _____
Account Type: _____ DDA _____ Savings
Effective Start Date: **15th of every month**
Membership Name: _____

As a convenience to me, for payment of services due, I hereby request and authorize Western Racquet Club/Moorland Park Tennis Center to charge my bank account via Electronic Funds Transfer for the agreed upon dollar amounts and dates.

This authorization will remain in effect until revoked by me, in writing, or until the above obligation has been satisfied in full. I agree you shall be fully protected in honoring any such debit entry.

I agree that your treatment of each such debit entry, and your rights in respect to it, shall be the same as if it were signed by me. I fully agree that if any such debit entry be dishonored, whether with or without cause, you shall be under no liability whatsoever even though such dishonor may result in the forfeiture of services.

Date: _____ Signature of depositors: _____

As shown on bank records for the account which is authorized.