

# MEMBERSHIP APPLICATION FORM



(PLEASE PRINT ALL INFORMATION)

NAME: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

SPOUSE'S NAME: Last: \_\_\_\_\_ First: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ TEL: (H): \_\_\_\_\_ \ \_\_\_\_\_ (C): \_\_\_\_\_ \ \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ USSRA# (if applicable) \_\_\_\_\_

CHILDRENS NAMES AND BIRTHDATES: (ages 21 and under only)

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

**WOULD YOU BE INTERESTED IN ANY OF THE FOLLOWING:**

LEAGUE:  YES  NO

TOURNAMENTS:  YES  NO

LOCKER:  YES  NO

CHALLENGE COURTS:  YES  NO

**MEMBERSHIP TYPES AND FEES**

Type	Initiation Fee	12 Month (monthly)
Individual	\$150	\$110
Seniors (65 and older)	\$150	\$77
Juniors (Until Out of High School)	\$150	\$55
Couples	\$150	\$154
Family	\$150	\$180
Corporate (5 or more employees )	None	\$85
College Students	\$150	\$77
Military (Active Duty)	None	\$55

## Payment Plan

Please fill in all fields.....

### Membership Type:

Individual/ Senior /Junior / Family / Corporate \$ \_\_\_\_\_ per year/monthly

INITIATION FEE: \_\_\_\_\_

APPROVAL: \_\_\_\_\_

### Credit card payment:

I request the amount of \$ \_\_\_\_\_ per month / as a single payment to be taken from my Visa/MasterCard

Account for my membership commencing on \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ V-Code: \_\_\_\_\_

*I authorize the San Diego Squash, (SDS) to charge my card # above in return for my monthly membership in the SDS. I understand that my membership is for one month and that monthly billing will occur on the 1<sup>st</sup> of every month. I understand that I can freeze my membership for injury or liable reason for a minimum of 1 month and a maximum of 3 months in any membership contract, subject to a \$20 monthly administrative fee being charged to my card. If I wish to cancel my membership at any time, I agree to comply with all San Diego Squash cancellation policies.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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### Check payment:

I enclose a check for the amount of \$ \_\_\_\_\_

as a single payment for my membership for one month commencing on \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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Please mail completed and signed membership agreement (with credit card information or check) to:

**San Diego Squash, 9370 Waples St Suite 101., San Diego, CA 92121**

**Liability/Waiver of Claims:** Each member hereby expressly agrees that all use of the San Diego Squash Inc.'s (SDS's) facilities shall be undertaken at the member's sole risk, and SDS shall not be liable for injuries or damages to members or guests, including, without limitation, those injuries or damages resulting from acts of active or passive negligence on the part of SDS, its owners, officers and assignees, or agents. Each member, for himself/herself and family members, and on behalf of his/her executors, administrators and assignees, expressly releases and forever discharges and indemnifies the SDS, its successors and assignees, as well as its owners, officers and employees and agents, from all such claims, injuries, damages, actions or causes of action. Further, it is agreed that SDS is not responsible or liable to members or their guests, for articles or possessions lost, stolen or damaged including their automobiles and contents thereof. All decisions made by management are final by signing I understand and agree with these rules and policies.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ACCEPTED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**REFERRED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_