

# Charles River Tennis Club, Inc.

## Membership Form - 2020



Name	
Address	
City, State, Zip	
Cell phone	
Home phone	
Work phone	
email	

Choose membership plan. For 2019 members the registration deadline is May 15, 2020 using the base rate. For persons who weren't 2019 members, applications will be accepted at any time at base rate.

	Base	*after May 15th	
<input type="checkbox"/> <b>Single:</b>	\$375	\$413	
<input type="checkbox"/> <b>Sr. Citizen:</b>	\$345	\$380	65 years or older by May 1st
<input type="checkbox"/> <b>Junior:</b>	\$225	\$248	18 years or younger by May 1st

**CRTC Capital Fund Donation:** I would like to donate \$\_\_\_\_\_ towards operating expenses and capital investments, for the betterment of Charles River Tennis Club.

### Previous Members:

What year did you first join?  
How can we improve the club?

This form cannot be edited or completed electronically. Print this form, providing requested info in longhand, as well as signature.

Please mail **completed form, signed liability waiver, and check** to:

**CRTC, P.O. Box 77, Medway, MA 02053**

*I agree to abide by the Rules of the Club at all times. In addition, I acknowledge that my execution and delivery of the Club's Waiver, Release of Liability and Assumption of Risks form, a copy of which has been provided to me, is a precondition to my acceptance into the Club. I have duly signed and am tendering such Waiver form herewith. In the event that I neglect to do so or my signed Waiver form is lost or misplaced, my payment of all or a portion of my membership dues shall be deemed to establish my consent to and acceptance of the terms of such Waiver form.*

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### New members: how did you find out about our club?

- I came with member \_\_\_\_\_ as a guest.
- I was referred by \_\_\_\_\_
- I saw a poster at \_\_\_\_\_
- Internet Search
- Other: \_\_\_\_\_