



## IDLE HOUR MEMBERSHIP APPLICATION

Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Submit your completed application with check to the Pro-Shop or mail your application with check, made payable to Idle Hour Tennis Club P.O. Box 22 Chester Heights, PA 19017

| Check | Membership Category   | Annual Fee |
|-------|---|------------|
|       | Regular/Senior Member   | \$390      |
|       | Family Membership (2 adults living in same house)                   | \$710      |
|       | Family Membership (2 adults living in same house with 1-4 children) | \$725      |
|       | Family Membership (1 adult with 1 child)                            | \$405      |
|       | Junior not related to member (under age of 24)                      | \$50       |

Player 1: Gender \_\_\_\_ Date of Birth \_\_\_\_\_ USTA Rating: \_\_\_\_ USTA #: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

E-mail: \_\_\_\_\_ (print legibly)

Player 2: Gender \_\_\_\_ Date of Birth \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ USTA Rating: \_\_\_\_ USTA #: \_\_\_\_\_

E-mail: \_\_\_\_\_ (print legibly)

Player 3: Gender \_\_\_\_ Date of Birth \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ USTA Rating: \_\_\_\_ USTA #: \_\_\_\_\_

E-mail: \_\_\_\_\_ (print legibly)

Player 4: Gender \_\_\_\_ Date of Birth \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ USTA Rating: \_\_\_\_ USTA #: \_\_\_\_\_

E-mail: \_\_\_\_\_ (print legibly)

**Application Information:**

- 1) When your application and check are received, your name will be posted at the club for 5 days and presented to the Board.
- 2) The Membership Chair will notify you of the Board's decision.
- 3) Please review the club's "Rules and Regulations" at [www.idlehourtennis.com](http://www.idlehourtennis.com).
- 4) For more information, contact [membership@idlehourtennis.com](mailto:membership@idlehourtennis.com) or call Pat DeHaven 610-999-1668.