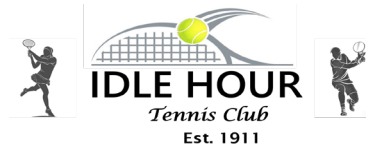


# NEW MEMBER APPLICATION - ONLINE

For the love of tennis!



*If you have questions, email [membership@idlehourtennis.com](mailto:membership@idlehourtennis.com) or call the Clubhouse at (610) 789-2662.*

Your First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Today's Date [ mm/dd/yyyy ] \_\_\_\_\_ Sponsor (member) \_\_\_\_\_

Type of Membership (select one)	Annual Fee
Adult (25 or older as of Jan. 1 of current year)	\$525
Family (2 adults living in same household)	\$940
Family (2 adults living in same household w/1-4 children)	\$970
Family (1 adult and 1 child)	\$550
Junior (under 25 as of Jan. 1 of current year, unrelated to a member)	\$100

Donation to the Club (not tax-deductible for our non-profit status) \_\_\_\_\_

Contact the President or a Board Member if you wish to specify how a donation will be used.

## Player Profile(s)

You: Gender \_\_\_\_\_ Date of Birth [ mm/dd/yyyy ] \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (the one you will answer, i.e., your cell) [ ###-###-#### ] \_\_\_\_\_

Email \_\_\_\_\_

Player 2: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth [ mm/dd/yyyy ] \_\_\_\_\_

Phone [ ###-###-#### ] \_\_\_\_\_

Email \_\_\_\_\_

## 1. EMAIL THIS FORM

*If you have more than two players, please use the second page.*

*Save the completed application, adding your last name to the filename, and email it to:*  
[membership@idlehourtennis.com](mailto:membership@idlehourtennis.com)

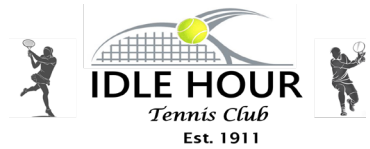
## 2. MAIL THE CHECK

Make your check payable to "Idle Hour Tennis Club" and mail to:

Idle Hour Tennis Club  
P.O. Box 421  
Drexel Hill, PA 19026

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Player 3: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth [ mm/dd/yyyy ] \_\_\_\_\_

Phone [ ###-###-#### ] \_\_\_\_\_

Email \_\_\_\_\_

Player 4: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth [ mm/dd/yyyy ] \_\_\_\_\_

Phone [ ###-###-#### ] \_\_\_\_\_

Email \_\_\_\_\_

Player 5: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth [ mm/dd/yyyy ] \_\_\_\_\_

Phone [ ###-###-#### ] \_\_\_\_\_

Email \_\_\_\_\_

Player 6: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth [ mm/dd/yyyy ] \_\_\_\_\_

Phone [ ###-###-#### ] \_\_\_\_\_

Email \_\_\_\_\_

When the application is complete:

## 1. EMAIL THIS FORM

**Save the completed application, adding your last name to the filename, and email it to:**

**[membership@idlehourtennis.com](mailto:membership@idlehourtennis.com)**

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