

# MOBILE TENNIS CENTER

COTTAGE HILL & LYONS PARK  
TENNIS CENTERS MEMBERSHIP

## MEMBERSHIP APPLICATION

I, \_\_\_\_\_, wish to become a member of Mobile Tennis Center, Cottage Hill Tennis Center and Lyons Park. I have read and understand all conditions of Membership and agree to abide by the general regulations of the City of Mobile. A \$50.00 RE-JOIN FEE will applied if you drop your membership and reinstate it for other than medical, emergency reasons. A late fee will also be applied if your payment is not received by the 15<sup>th</sup> of each month.

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

### ADULT/ADULTS:

NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_ LEVEL OF PLAY: \_\_\_\_\_

NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_ LEVEL OF PLAY: \_\_\_\_\_

### CHILDREN:

NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_ LEVEL OF PLAY: \_\_\_\_\_

NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_ LEVEL OF PLAY: \_\_\_\_\_

NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_ LEVEL OF PLAY: \_\_\_\_\_

NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_ LEVEL OF PLAY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ (HOME) \_\_\_\_\_ (WORK)

TYPE OF MEMBERSHIP DESIRED: \_\_\_\_\_