



## 2017 Membership Application

Mount Pleasant Tennis Club  
117-4<sup>th</sup> Avenue NE, Calgary, Alberta T2E 6K7  
Phone: 403-276-3013  
Website: [www.mountpleasanttennis.com](http://www.mountpleasanttennis.com)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Membership Type:** New \_\_\_\_\_ Renewal \_\_\_\_\_

### Membership Fees (please check a category and entrance fee, if applicable)

Adult: \$150.00 (\*Entrance Fee \$30.00) \_\_\_\_\_

Family: Adult and one Junior: \$150.00 (\*Entrance Fee \$30.00) \_\_\_\_\_

Junior's name: \_\_\_\_\_

Senior: \$85.00 (60 years +) (\*Entrance Fee \$20.00) \_\_\_\_\_

Student with a valid full-time student ID: \$75.00 (\*Entrance Fee \$20.00) \_\_\_\_\_

Junior: \$35.00 (18 years & under)

**Total Enclosed (No Cash by Mail)** \_\_\_\_\_

\*Applies to all applicants who have not been a member during the past five years.

Full payment must accompany all applications. No refunds will be issued under any circumstances. Shoe tags will be available at the club as of opening day. Mail or drop off your application in care of the **Membership Director**. Please make all **cheques payable to Mount Pleasant Tennis Club**.

I hereby apply for membership in the Mount Pleasant Tennis Club as indicated. If this application is accepted, I agree to comply with and be governed by the by-laws, rules, and regulations of Mount Pleasant Tennis Club. I agree to wear **suitable tennis attire** and **proper, non-marking footwear**. I will wear my shoe tag during play to identify me as a Member. I further agree for myself, my heirs and executors to release Mount Pleasant Tennis Club, its agents, servants, officers and directors of and from any and all claims, demands, actions, causes of actions whatsoever which I have had, now have, or shall hereafter have arising out of or relating to any loss, damage or injury, including death that may have been sustained by me or any of my property while in or upon the premises of the Club or any premises under the control of the Club.

Do you wish to have your contact information posted on a member list at the club? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you wish to receive email news from the club? Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent or Guardian if a Junior)

### MPTC Use Only

Date Funds Received \_\_\_\_\_ Amount \_\_\_\_\_

**Payment Method (Check One):** Cash  (On Day Sheet) Cheque

Received By \_\_\_\_\_ Tag Issued? \_\_\_\_\_