

PRESTWICK TENNIS CLUB MEMBERSHIP APPLICATION

*Required

Primary Member - First Name*	MI	Last Name*	DOB*	Gender*
Residential Street Address*		City*	State*	Postal Code*
Mobile Number (for notifications)*		Emergency Contact Name	Telephone	Relationship
Email Address*				

Circle all interested programs for this member. Women's Clinics Junior Programs Summer Camps Men's Clinics USTA Leagues

Membership Types

Indicate the Type of Membership Desired by placing Initials into the Desired Box

	Homeowner Family Membership - \$100/per month <small>Prestwick Homeowner with 3 or more members living in the same household.</small>		Grand Strand Family Membership - \$120/per month <small>Grand Strand Resident with 3 or more individuals living in the same household.</small>
	Homeowner Couples Membership - \$85/per month <small>Prestwick Homeowner with 2 members living in the same household.</small>		Grand Strand Couples Membership - \$100/per month <small>Grand Strand Resident with 2 members living in the same household.</small>
	Homeowner Single Membership-\$68/per month <small>Single Member above the 20 years of age residing in Prestwick.</small>		Grand Strand Single Membership-\$80/per month <small>Single Member above the 20 years of age living in the Grand Strand.</small>
	Homeowner Junior Membership-\$30/per month <small>Junior Member under 19 years of age residing in Prestwick.</small>		Grand Strand Junior Membership-\$45/per month <small>Junior Member under 19 years of age residing in the Grand Strand area.</small>

All Prestwick Tennis Club Memberships are automatically drafted from your credit/debit card on file on the 1st of each calendar month. The first month will be pro-rated based on a 30-day calendar month.

Billing Information

Cardholder Name*	Credit Card Number*	Expiration Date
Billing address (if different from above)	City	State
Postal Code	Required Signature*	Date*

Additional Members

Additional Member - First Name*	MI	Last Name*	DOB*	Gender*
Mobile Number (for notifications)*		Email (if different from primary)*	Relationship*	
Circle all interested programs for this member. Women's Clinics Junior Programs Summer Camps Men's Clinics USTA Leagues				
Additional Member - First Name*	MI	Last Name*	DOB*	Gender*
Mobile Number (for notifications)*		Email (if different from primary)*	Relationship*	
Circle all interested programs for this member. Women's Clinics Junior Programs Summer Camps Men's Clinics USTA Leagues				
Additional Member - First Name*	MI	Last Name*	DOB*	Gender*
Mobile Number (for notifications)*		Email (if different from primary)*	Relationship*	
Circle all interested programs for this member. Women's Clinics Junior Programs Summer Camps Men's Clinics USTA Leagues				
Additional Member - First Name*	MI	Last Name*	DOB*	Gender*
Mobile Number (for notifications)*		Email (if different from primary)*	Relationship*	
Circle all interested programs for this member. Women's Clinics Junior Programs Summer Camps Men's Clinics USTA Leagues				
Additional Member - First Name*	MI	Last Name*	DOB*	Gender*
Mobile Number (for notifications)*		Email (if different from primary)*	Relationship*	
Circle all interested programs for this member. Women's Clinics Junior Programs Summer Camps Men's Clinics USTA Leagues				

Membership Acknowledgement

I understand that completing this form is the first step in my application process. I acknowledge that I must physically complete all membership paperwork at the Pro Shop within 3 weeks of this date. I acknowledge that my membership will be activated on opening day therefore, my credit card will be charged prior that date.

Printed Name _____ Signature _____

Completed Membership Applications should be scanned and emailed to memberships@prestwicktennisclub.com