**CITY VIEW TENNIS CLUB**

**MEMBERSHIP FORM - 2017**

## please bring this membership application to the clubhouse

|  |  |  |
| --- | --- | --- |
| Location: 60 Fieldrow St | Mailing address: | City View Tennis Club, c/o Thomas Kreiberg |
| Website: [www.cityviewtennis.ca](http://www.cityviewtennis.ca/) |  | 8 Darly Place, Ottawa, ON, K2G 1H4 |

**Membership Type and Cost**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Family $130**  Parents and children 17 and under with the same residence |  |  | **Student $75**  18 to 25, with a valid student card |
|  | **Adult $90** |  |  | **Junior $25**  17 and under |

**Payment: Cheque Cash Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please make cheques payable to: “City View Tennis Club”

**Member’s Name**

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name | First Name | Birth Date  (Students & Juniors only) | Member #  (Office use) |
|  |  |  |  |
|  |  |  |  |

**Children's Names (for Family membership only)**

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name | First Name | Birth Date | Member #  (Office use) |
|  |  |  |  |
|  |  |  |  |

**Address**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Street Name and Number | City | Province | | Postal Code | |
|  |  |  | |  | |
| E-mail address | | | Telephone (main) | | Telephone (other) |
|  | | |  | |  |

*The CVTC is committed to respecting the privacy of our members. Your personal information will not be used without your permission.*

**PLEASE COMPLETE PAGE 2**

Membership Questionnaire

1. Returning Member New Member

If you are a New Member, how did you learn about the club?

Friend Advertising School Web Access Nepean

Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Are you are interested in league play?

Yes No

3. The CVTC needs to increase its volunteer executive. Are you interested in helping?

Yes No

4. The CVTC is investing in a new ball machine. Are you interested in donating?

Yes No

**House League**

Come join us for House League every Sunday from 5:00-9:00 pm. All levels welcome, please check the website or Club house notice board for league format and registration details.

**Lessons**

For tennis lessons, please see the website ([www.cityviewtennis.ca](http://www.cityviewtennis.ca/)) or the clubhouse board for information.

**Membership Questions?**

See the website or call the Membership Chair: Thomas Kreiberg at (613) 327-6066.

|  |
| --- |
| **WAIVER**  I understand and agree that the **CITY VIEW TENNIS CLUB** shall not be held responsible in any way in the event of accidental injury to me or my family. I/We also understand that the **CITY VIEW TENNIS CLUB** will not assume any liability for lost or stolen property.  **Signature:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    Signature of member or signature of parent or guardian if member is under 18. |