



**Palo Alto Tennis Club**  
**PO Box 60434, Palo Alto, CA 94306**  
**2017 Membership Application**  
 Or go online - [www.paloaltotennis.com](http://www.paloaltotennis.com)

**INSTRUCTIONS:**

1. Fill out the below application completely. Be sure to sign, date it and include or send payment.
2. Fill out one application for each Family member. Include the Waiver/Release form also, please.
3. Prepare check for the amount due (see below), made payable to "PATC".
4. **Mail your application and check to: PATC, PO Box 60434, Palo Alto CA, 94306.**
5. Or, email:
  - a. Email is welcome for your application: [joinpatc@paloaltotennis.com](mailto:joinpatc@paloaltotennis.com)
  - b. Check can be sent separately to above POB, be sure to indicate payment method below.
  - c. Membership is effective when check is received.

Membership is for the calendar year 2017. If you are a new member, expect an acknowledgement within 3 weeks of application submission. (Online applications are immediately acknowledged). For any questions regarding membership, email: [membership@paloaltotennis.com](mailto:membership@paloaltotennis.com) .

Email us at the address above for additional information at any time during the year.

Please PRINT legibly and fill out completely, one application for each family member

**Membership Rate (New and Renewal):** (New membership after 10/1/17 covers remainder of 2017 and 2018)

**Adult 2017 - \$70**

**Family 2017 - \$100**

**Payment method:** Check enclosed  ; or **Sent separately**  (such as by a bank Bill-Pay check).

**Renewal**  ; or **New**

**Volunteer** - Join PATC's volunteer corps and receive year-end acknowledgment.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

M  F  NTRP: \_\_\_\_\_ (e.g., 2.5/3.0/3.5/4.0/4.5/5.0+/Professional)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

If new member, how did you hear about PATC? \_\_\_\_\_

**Interests:**  OK to contact for social matches  Drop-Ins  Socials  Clinics  Ladders

My signature below certifies that I am 18 years of age or older and that my primary residence is as listed above.

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

*“Promoting Tennis in our Community for Health, Enjoyment and Friendship”*