



**Membership Application**  
**Palo Alto Tennis Club**  
**PO Box 60852, Palo Alto, CA 94306**  
 Or join/renew online - [www.paloaltotennis.com](http://www.paloaltotennis.com)

**INSTRUCTIONS:**

1. Fill out the below application completely. Be sure to sign, date and include or send payment.
2. Fill out one application for each family member. Include the Waiver/Release form also, please.
3. Make check payable to "PATC".
4. **Mail your application and check to PO Box 60852, Palo Alto, CA 94306.**
5. **Or join/renew online - [www.paloaltotennis.com](http://www.paloaltotennis.com)**

Membership is for the current calendar year. For any questions regarding membership, email: [membership@paloaltotennis.com](mailto:membership@paloaltotennis.com).

*Please PRINT legibly and fill out completely. Each family member must fill out a separate application.*

**Membership Rate (New and Renewal): (New membership after 10/1/21 covers remainder of the current year AND full following year)**

- Individual Member - \$50
- Individual Member starting July 1 - \$35
- Spouse/Adult Child of Member - \$30
- Spouse/Adult Child of Member starting July 1 - \$20

**Payment Method:**     Check enclosed *or*     Mailed Separately

**Membership Type:**     Renewal    *or*     New

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

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

M  F  NTRP Rating: \_\_\_\_\_ (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”*