

New Member Application

2017

PO Box 17179

Cincinnati, OH 45217

www.clintonhills.com



Mail application and check to address above or go online to register and pay by credit card.

Adult Applicant Name(s) _____

Address _____ City _____ State ____ Zip _____

E-Mail Address _____ Referring member: _____

Contact #'s (Home) _____ (Cell) _____ (Emergency) _____

Child Name	Sex	Date of Birth
	M or F	
	M or F	
	M or F	
	M or F	
	M or F	
	M or F	

Select the following that apply to your membership: (full descriptions available on website)

<input type="checkbox"/>	Family Initiation	\$100 1 st Season \$200 2 nd Season \$200 3 rd Season	\$
<input type="checkbox"/>	Annual Family Dues *dues will only be prorated the first season	\$625 Full Season After 7/5/17 \$413 After 8/1/17 \$206	\$
<input type="checkbox"/>	Single Initiation	\$50 1 st Season \$125 2 nd Season \$125 3 rd Season	\$
<input type="checkbox"/>	Annual Single Dues *dues will only be prorated the first season	\$315 Full Season After 7/5/17 \$208 After 8/1/17 \$104	\$

<input type="checkbox"/>	Babysitter Option *allows you to send a non-member babysitter (age 14 year or older) as a parent substitute	\$30	\$
<input type="checkbox"/>	Season Guest Pass *Member has the right to bring one guest to the club each visit without paying the daily guest fee. Guest must be accompanied by the member at all times and does not have clinic, lesson or swim team privileges. One pass per membership.	\$250	
<input type="checkbox"/>	Unlimited Tennis Clinic – Family	\$125	
<input type="checkbox"/>	Unlimited Tennis Clinics – Single *Participant Name: _____	\$75	
<input type="checkbox"/>	Any Single Clinic – Adult *Participant Name: _____	\$40	
<input type="checkbox"/>	Any Single Clinic - Junior *Participant Name: _____	\$30	\$
		Subtotal	\$
		Subtotal X 7.0%	\$
		Total Amount Due	\$