

# Vail Racquet Club Membership Application

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

Spouse/Friend Name: \_\_\_\_\_

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

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

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

**TYPE OF MEMBERSHIP:** Family  Friendship  Individual

**PURCHASE PLAN:** Cash  5-year plan  20-year plan

Enclosed is \$\_\_\_\_\_ as:  
Pro-rated monthly dues \_\_\_\_\_  
Next month's dues \_\_\_\_\_  
Initiation fee \_\_\_\_\_

### FAMILY MEMBERSHIP (List children)

<u>Name</u>	<u>Date of Birth</u>

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

How did you hear about the Vail Racquet Club? \_\_\_\_\_

Cancellation/Deactivation of membership must be submitted on appropriate forms.  
(These forms are available, and must be returned, to the Front Desk).

\_\_\_\_\_ Please initial here

**For Office purposes only:**

Membership # \_\_\_\_\_

Ticket # \_\_\_\_\_

Locker Number \_\_\_\_\_