



MEMBERSHIP NUMBER: _____

JUPITER TENNIS CENTER Membership Type: (Please select one)		
Youth (<=18 Yrs.)	Individual (19+ Yrs.)	Add Ball Machine Use~: Yes No (\$10 per month to add on to your court bookings)
Couple	Family*	One time Initiation Fees : _____
<p><small>*Family is defined as one or two adults and their legal dependents. All family members must reside at the same address. ~ Payment for additional services must be made by the same method as payment as your membership. The first month of service is to be paid in advance.</small></p>		

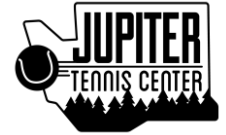
Primary Member Information (if application is for a youth membership, list parent/guardian as primary)
<input type="checkbox"/> Joining as a member Legal Name: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> First MI Last </div> Nick Name: _____ Date of Birth: ___/___/___ Gender: Male Female Mailing Address: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> City State Zip Code </div> Home Phone: (____) _____ Cell/Other Phone: (____) _____ E-Mail Address: _____ Emergency Contact: _____ Relationship _____ Phone #: (____) _____ <div style="text-align: center; font-size: x-small;">(Required)</div>

Secondary Adult Information
Legal Name: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> First MI Last </div> Nick Name: _____ Date of Birth: ___/___/___ Gender: Male Female Cell/Other Phone: (____) _____ Relation to Primary Member: _____ E-Mail Address: _____

Additional Member Information **					
Name (First, MI, Last)	Date of Birth	Age	Student	Gender	Relationship
	___/___/___				
	___/___/___				
	___/___/___				
	___/___/___				

**** All individuals 18 years of age or older must sign JTC AND LS Release and Waiver of Liability Agreement.**

Please stop by the front desk with your Driver's License or a Photo ID to complete the registration process



MEMBERSHIP NUMBER: _____

Method of Payment		Monthly Draft	Annual Payment (pay ahead)
Payment Option for Monthly Draft (Select Option A or Option B below)			
<u>Option A</u> -- Electronic Funds Transfer (Checking or Savings Account) ---- Please provide a voided check			
Name on Account: (please print)			
Bank Name:		Routing Number:	
Account Type: Checking Savings		Account Number: Last 4 Digits Only:	
<u>Option B</u> -- Recurring Debit or Credit Card Charge			
Name on Card: (please print)			
Type: VISA MC AMEX Discover		Card Number - Last 4 Digits Only:	Expiration Date:
Card Billing Address:			

Membership Terms

1. The current prorated month's fee and initiation fee is due on the date of sign up. Membership is automatically renewed on the first of each month, and monthly fees are due on first (1st) of each month.
2. You may choose to pause your membership for \$30+tax for each calendar month. You just need to notify us in writing by the 20th of the month.

Authorization

I hereby authorize a monthly electronic funds transfer or debit/credit card charge on the first (1st) of each month. Jupiter Tennis Center LLC (JTC) may charge collection fees for any declined transactions and will make multiple attempts to collect funds for returned debit/credit card charges.

I further understand and agree to the following:

1. Monthly transfers/charges will continue until I give written notice to change or terminate them. The frequency and occurrence of visits/usage has no bearing on monthly membership fees.
2. I will **provide a written notice on or before the 20th of the month** to cancel this authorization. If I fail to provide adequate notice I will draft one additional time before the cancelation takes effect and that payment is non-refundable.
3. I am responsible for notifying JTC of changes in my account number and expiration date. However, JTC may attempt to roll forward credit card expiration dates, where possible.
4. I understand that membership rates are subject to change and as a result the amount transferred/charged may change. JTC will notify me in advance of increases in my fees by mail or email. I am responsible for notifying JTC if my address or email changes.
5. I understand that a \$1 service charge for the monthly electronic funds transfer or credit card processing will be added to the account each month.
6. It is my responsibility to bring any billing discrepancies to JTC's attention within 60 days after they are processed by my financial institution. After 60 days, I waive my right to dispute such discrepancies.
7. I understand certain times of the week, courts would be prioritized for Junior and Adult lessons, Tennis Socials, USTA and PCL matches, pickle ball play, birthday parties and other such activities and agree as those are essential for our tennis community. I understand that I can participate in those as needed and need to follow the event specific participation guidelines.

Signature of Account Holder

Date