

2011-2012 Year Round, Winter or Summer Membership Application

Last Name: _____ First Name: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Home Tel.: _____ Office Tel.: _____ Cell Phone: _____

NTRP Rating (if known): _____ E-Mail Address: _____

Please sign me up for(check one):

Year Round	‘	Individual Membership	\$378.00	‘	Family Membership	\$605.00
	‘	Couples Membership	\$517.00	‘	Jr. Membership	\$177.00
Summer	‘	Individual Membership	\$130.00	‘	Family Membership	\$210.00
	‘	Couples Membership	\$176.00	‘	Jr. Membership	N/A
Winter	‘	Individual Membership	\$315.00	‘	Family Membership	\$480.00
	‘	Couples Membership	\$410.00	‘	Jr. Membership	\$142.00

Additional individuals registered with either the Family Membership or Couples Membership

Last Name	First Name	Address	City	St	Zip	B'date	Level of Play	Interested in League Play (Y or N)	Interested in Instructional Programs (Y or N)

Signature: _____

Date: _____

**Please make checks payable to West Winds Tennis & Fitness Center
Questions? Please call 301-865-2701**

