BEVERLY GOLF AND TENNIS MEMBERSHIP APPLICATION

Today's Date_____

Type of Membership: _____Adult _____Family _____Student

Name:_____Home Phone #:(_____)_____

Mailing Address:_____Mobile Phone: #:(_____)_____

City:_____State_____Zip Code:_____

PARTICIPANTS IN MEMBERSHIP:

1st Adult Full
Name:_____Birthdate:_____

1st Adult Business Phone: (_____)_____EMAIL:_____

2nd Adult Full
Name:_____Birthdate:_____

1st Child's Full
Name:_____Birthdate:_____

2ndChild's Full
Name:_____Birthdate:_____

An email address is required if you desire 24 hour, online, court booking access. Please print clearly.

Email Address:
_____

X _____ _____
Signature of Adult Member Participant Date

ALL PAID-IN-FULL MEMBERSHIPS ARE NON-REFUNDABLE.

OFFICE USE ONLY:
Fee Paid (fee schedule on reverse) $_____Invoice #:_____Employee's Initials_____
Date Received:_____ Membership # Issued:_____
Comments:

For Office Use Only:
MSR: Please attach receipt to back of this application or fill in info below. No in-house charging allowed.
Today's Date_____ Amt Paid_____ Paid by: Cash Check Credit Card