



# Kailua Racquet Club

Established 1938

Email photo of yourself  
and/or Family to:  
info@kailuaracquetclub.com

## *Application for Kailua Racquet Club Membership*

Thank you for your interest in joining Hawaii's premier tennis facility, Kailua Racquet Club. We are a private, member owned club, whose membership is limited to 250 Families.

When a membership space becomes available, it takes approximately two-months to process your application. Orientation is approximately thirty minutes. You may begin enjoying the facilities once your orientation is complete.

### **APPLICANT INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

Profession \_\_\_\_\_

E-mail address to use for club communications \_\_\_\_\_

Birthdate \_\_\_\_\_ Ability Level (NTRP) \_\_\_\_\_

### **SPOUSE'S INFORMATION**

Name \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

Profession \_\_\_\_\_

E-mail address to use for club communications \_\_\_\_\_

Birthdate \_\_\_\_\_ Ability Level (NTRP) \_\_\_\_\_

### Additional Family Members:

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Ability Level \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Ability Level \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Ability Level \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Ability Level \_\_\_\_\_

**KRC Member Sponsor** (must be a current KRC member in good standing)

\_\_\_\_\_  
 Name Signature Date

**KRC Member Sponsor:** How long have you known the applicant? \_\_\_\_\_

**Orientation** Time and Date \_\_\_\_\_

Manager Signature when completed \_\_\_\_\_

LONG-TERM MEMBERSHIPS		INITIATION	DUES
	FULL (LIFE) Age 30+	\$2500	\$175
	OFF ISLAND	\$2500	\$600/year
	YOUNG ADULT INDIVIDUAL (Age 29 & under)	\$1000	\$95
TERM MEMBERSHIPS			
	FAMILY Age 30+ (1 Year)	\$500	\$175
	Military (2 Years)	\$500	\$175
	YOUNG ADULT INDIVIDUAL Age 29 & under (1 Year)	\$250	\$95
	JUNIOR INDIVIDUAL Age 10-20 (1 Year)	\$100	\$30
Discounts available for sons, daughters of current KRC Full Members 10 years or more			

**Refundable Deposit of \$300 must be included with application: \$**\_\_\_\_\_

Please fill out the Authorization for Electronic Banking for auto pay. It will be taken out of your account approximately the 25<sup>th</sup> of each month, please include a “voided” check for routing information.

If approved, I agree to abide by the By-laws, House Rules and Tennis Rules now in effect, or which may be here-after adopted. In addition, I agree to pay my account in full each month even due to circumstances beyond the control of KRC and to notify us in writing of any change of address. Late fees are \$5 the 1<sup>st</sup> month and \$25 each month thereafter.

If this account is not paid as agreed, and my account is placed in the hands of a collector and attorney for collection, I agree to pay, in addition, the principal and late fees, all cost of collection, including attorney fees.

\_\_\_\_\_  
 Applicant’s Signature Date

\_\_\_Contact information complete \_\_\_Electronic photo submitted \_\_\_Member Sponsor signature \_\_\_Orientation scheduled,  
 \_\_\_Money’s enclosed \_\_\_Signed and dated