

Kailua Racquet Club
Established 1938

Please attach photo of yourself/family to application here.

Application for Kailua Racquet Club Membership

Your name (please print clearly) _____, _____
First Last

Address _____
Street City State Zip Code

Home phone _____ Work phone _____ Cell phone _____

E-mail address _____

Please check if you would like to receive your monthly statement via email

Please check if you would like to receive our weekly emails

If you would like to have your bank account electronically debited each month please include a voided check. **Funds are debited on the 25th of each month.**

Please check the type of membership that you are applying for:

- Off Island Membership
- Life-Time Full Membership
- One Year Full Membership
- Short Term: Specify duration of membership _____, specify names _____
- Young Adult Membership (up to age 31)
- Military Full Membership (2 years)
- Junior Membership

Kailua Racquet Club Member Sponsor's Name (this must be a current KRC member in good standing)

KRC Sponsor _____, _____
First name Last name Signature of KRC sponsor

How long have you, the KRC sponsor, known the applicant? _____

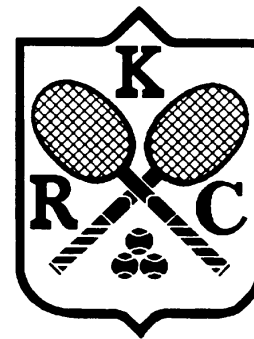
If elected, I agree to abide by the By-laws, House Rules and Tennis Rules now in effect, or which may be here-after adopted, and I also acknowledge that I have read, and understand, and have completely filled out the attached **Waiver, Release of liability and assumption of risk Form**, and the **Medical Disclosure Form**. I agree to pay my account in full each month, and to inform KRC in writing of any change of address. If however, this account is not paid as agreed, and my account is placed in the hands of a collector of and attorney for collection, I promise to pay in addition the principal and interest, all cost of collection, including attorney fees.

Applicant's Signature Date

This application requires a minimum \$700 payment which includes a \$300 deposit which is refundable when you end your membership, and a minimum \$400 towards your Initiation Fee.

Mail completed application to Kailua Racquet Club, 629 Oneawa Street, Kailua, HI 96734
Thank you for interest in the Kailua Racquet Club!

This application will be posted until _____ to allow for any member protests
date



Please fill in the following for each tennis player in your family:

1. Name _____ Adult or Child _____
Home phone _____ Work phone _____ Cell phone _____
Level of play (A, B, C or Novice) _____ Preferred times to play _____
E-mail address _____

2. Name _____ Adult or Child _____
Home phone _____ Work phone _____ Cell phone _____
Level of play (A, B, C or Novice) _____ Preferred times to play _____
E-mail address _____

3. Name _____ Adult or Child _____
Home phone _____ Work phone _____ Cell phone _____
Level of play (A, B, C or Novice) _____ Preferred times to play _____
E-mail address _____

Family Membership	\$2,500 Initiation Fee plus a \$300 refundable deposit
Military Membership	\$400 Initiation Fee plus a \$300 refundable deposit
One Year Membership	\$400 Initiation Fee plus a \$300 refundable deposit
Young Adult Membership	\$300 Initiation Fee plus a \$300 refundable deposit
Junior Membership	\$100 Initiation Fee plus a \$300 refundable deposit

For office use only:

1. Is application complete? _____
Signature _____ Date _____
2. Amount received (minimum \$700) _____ Check # _____ Date received _____
3. Accepted for posting: **Yes** or **No** (please circle) _____
Membership Chair signature _____ Date _____
4. Final approval: **Yes** or **No** (please circle) _____
Membership Chair signature _____ Date _____
5. Distribution:
___ House Rules ___ Membership Roster ___ Party Policy
___ Acknowledgement of receipt of application letter ___ Final acceptance letter
6. Office: ___ Add to Member Roster ___ Add to Members count ___ Outlook Reminders
___ Acknowledgement of Receipt of Application Letter ___ Final Acceptance Letter