



**Kailua Racquet Club**  
Established 1938

Please include a photo of yourself and/or family, if applicable. Photo will be used for posting. Photo should include all immediate family members. This photo may be sent electronically.

*Application for Kailua Racquet Club Membership*

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

It takes approximately two months to completely process your application, and the process is as follows: the Board of Directors, at its next meeting, will vote whether or not to post your application. If approved, it will be posted for 30 days to allow for member protests. The vote for final approval will be at the subsequent Board meeting.

**However, most member privileges may begin once you've completed this application form in full AND have had an Official Orientation.** The Orientation will take approximately one hour.

**APPLICANT INFORMATION**

Name \_\_\_\_\_

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

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

Profession \_\_\_\_\_

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

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

If you would like to have your club charges taken directly out of your checking account on approximately the 25<sup>th</sup> of each month, please check here \_\_\_ and include a "voided" blank check for routing information.

**SPOUSE'S INFORMATION, if applicable**

Name \_\_\_\_\_

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

Profession \_\_\_\_\_

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

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

## Additional Junior Family Members

Name and age \_\_\_\_\_

Name and age \_\_\_\_\_

Name and age \_\_\_\_\_

Name and age \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_ phone number \_\_\_\_\_

**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? \_\_\_\_\_

<b>MEMBERSHIP FEES</b>		
	<b>Initiation Fees</b>	<b>Monthly Dues</b>
<b>LIFE*</b>		
Full Family Memberships (Life)	2,500	175
Associate Family (age 39 and under)	1,600	135
Young Adult Individual (age 29 & under)	1,000	95
<b>ONE-YEAR MEMBERSHIPS*</b>		
Family	400	175
Military (2 years)	400	175
Associate (age 39 and under)	300	135
Young Adult (age 29 & under)	200	95
<b>Off-Island Memberships</b> (12 weeks of KRC membership/year)	same as above	3x monthly dues for your membership category +\$20
*All above membership categories, add \$300 for a refundable deposit		

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

**I am applying for** \_\_\_\_\_ **Amount included with application: \$** \_\_\_\_\_  
 Membership Category

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, and to inform KRC in writing of any change of address.

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 Name Signature Date