

**PORT HURON TENNIS HOUSE**  
*Application for Membership*  
**(810) 987-6868**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Type of Membership:     Family                       Single                       Junior                       Senior                       Fitness Room

- *10% discount for City of Port Huron residents on Single and Family memberships*
- *10% renewal discount for Single and Family memberships paid in full by September 1<sup>st</sup>*
- *Access to the Fitness Room is available to all Tennis House members 16 years of age and older*

Names of family members who may be using this membership:

_____	Age: _____	_____	Age: _____	_____	Age: _____
_____	Age: _____	_____	Age: _____	_____	Age: _____
_____	Age: _____	_____	Age: _____	_____	Age: _____

Do you want tournament information sent to you?     Yes                       No

Do all family members have permission to make charges on this account?     Yes                       No

If no, who does? Please list names. \_\_\_\_\_

*I understand I am obligated to abide by all bylaws of this club and I am responsible for all charges made to my account.*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_