

# HILLCREST RACQUET CLUB

## NEW MEMBERSHIP

Membership Type	Monthly EFT Payment	*Processing Fee
Single Adult	____ \$28.00	____ \$75.00
Couple	____ \$36.00	____ \$75.00
Family	____ \$42.00	____ \$75.00
Senior Adult (65+)	____ \$24.00	____ \$75.00
Senior Couple	____ \$28.00	____ \$75.00
Junior (18 & Under)	____ \$99.00 Yearly	____ N/A

*\*Processing Fee must be charged to everyone!*

---

**I (we) would like to pay for monthly membership with an EFT Account.**

I (we) have attached the completed EFT Authorization form (and a voided check if debiting a checking account).

**I (we) would like to pay for monthly membership and club services with an EFT Account.**

I (we) have attached the completed EFT Authorization form (and a voided check if debiting a checking account).

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

---

Member Name \_\_\_\_\_

Add. Members (spouse, family) \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

Your Level (Self Rating) 2.5 3.0 3.5 4.0 4.5 5.0

Your Interests  Private Lessons  Singles  Doubles  Round Robins

Time of day and week day you're available to play (you may choose more than one)

Time:  Morning  Afternoon  Evening

Day:  Weekday  Friday  Sat  Sun

GIFT CERTIFICATE # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

# HILLCREST RACQUET CLUB

## EFT FORM

---

I (we) hereby authorize Hillcrest Racquet Club, hereinafter referred to as HRC, to initiate debit entries to my (our)

Checking     Savings     Credit Card

Account indicated below and the bank names below to debit the same to such account for monthly dues. Said, HRC may also initiate debit entries, up to the limit set, for charges incurred at HRC facilities.

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Bank Transit Number \_\_\_\_\_

Account Number \_\_\_\_\_ Exp \_\_\_\_\_

Name on Account \_\_\_\_\_

**EFT LIMIT \$** \_\_\_\_\_ (must be at least the amount of monthly dues)

This authorization is to remain in full force and effect until membership expiration date or until HRC has received the CANCEL MEMEBRSHIP form from me (or either of us) of its termination in such manner as to afford HRC a reasonable opportunity to act on it (30 days cancelled notice).

Name \_\_\_\_\_

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

***Attach Voided Check if Debiting Checking Account***

---

For Hillcrest Staff Only

METHOD OF CALCULATION \_\_\_\_\_ RETURN CODE \_\_\_\_\_ CF \_\_\_\_\_

EFT START DATE \_\_\_\_\_ END DATE \_\_\_\_\_