

# **Monkland Tennis Club**

4225 ave. Royal, Montréal, Québec, H4A 2M4 Tel: (514) 481-1169 Fax :( 514) 481-1160 info@monklandtennis.com

#### INFORMATION FOR MEMBERSHIP

Consult the fee schedule for the fees and conditions which apply to each membership category before completing the application form.

All children under the age of 18 and their birth dates must be entered on the application form.

All applicants must sign the credit card authorization. Annual dues and club charges are billed directly to Visa, MasterCard or AMX.

Membership renewal is automatic. Annual fees are debited to the credit card unless written notice is received by February 1<sup>st</sup>.

Each adult member has an annual minimum house account which applies to bar and kitchen expenditures, and all non-tennis social events. Junior members are exempt from annual minimum.

Please send, email, or fax the completed application form and credit card authorization to the attention of the General Manager at the above address.

All memberships are non-refundable.

The membership application must be sponsored by 2 senior playing members and its acceptance is subject to approval by the Board of Directors, who may ask to meet with the applicant if they see fit to do so.

Please make yourself familiar with the Club rules and constitution. Copies are available at www.monklandtennis.com or from the General Manager.

Please note the use of the LCC Field is a privilege and all rules must be followed (Consult the rules & regulations for all details)

# WELCOME TO THE MONKLAND TENNIS CLUB



# Monkland Tennis Club MEMBERSHIP APPLICATION

## **ADULT**

First name_		Family Name					
Occupation				Date of E		ay/ month/ year	Sex: M □ F □
	Office					Cell:	
Membershi	p category:	Tenr	nis Level:	A □ B	□ C □	□ Novice □ [	Don't Know □
Interests: Lesso	ons ⊡Interclub Tear	m □Round Robins	s □Social Ac	tivities□ S	Swimmin	ng ⊡volunteerinç	g on a committee $\square$
PARTNER							
First name		Family Name					
Occupation				Date of E	Birth _	//	Sex: M $\square$ F $\square$
	Office					ay/ month/ year Cell:	
	p category:				□ C □	□ Novice □ [	Don't Know □
Interests: Lesso	ons ⊡Interclub Tear	m □Round Robins	s □Social Ac	:tivities□ S	Swimmin	ng ⊡volunteerinç	g on a committee 🗌
CHILDREN							
1st Child	First name			Family Name			
	Date of Birth	// Day/ month/ year	Sex: M	] <b>F</b> []	Men	nbership cat	egory:
2 <sup>nd</sup> Child	•		me				
		// Day/ month/ year		□ F □	Men	mbership cat	egory:
3 <sup>rd</sup> Child		Family Name					
	Date of Birth	Day/ month/ year	Sex: M	] F []	Men	nbership cat	egory:
ADDRESS	:				City	/:	
Postal Code:		Languag	Language of Correspondence English ☐ French ☐				

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## **REFERENCES**

\*The proposer and the seconder must be Senior Playing Members and must send a brief letter of recommendation to the Board of Directors stating how long they have known the applicant, in what circumstances and the reason the recommend approval of this application

Proposer		tel:		
Seconder*		tel:		
	CR	EDIT CARD AUTHORIZATION		
me, or by the below. I unders debited to my c accordance with	other membe stand that m redit card eac		dit card account specif and that my fees will beived prior to <b>March 1</b> s	ied be <sup>it</sup> in
VISA or AMX		Card Account Number		xpiry Date
MASTERCARD		Card Account Number		xpiry Date
Cardholder Name ( Print)		SIGNATURE		3 Security Numbers:
	Club membe	AUTHORIZED SIGNATURES ers (e.g., spouse, children) are a be posted to my credit card as		b
	Print memb	per name		
Member name	Print memb		Signature	
Member name Print member		per name	Signature	
Member name			Signature	

Revised March 2022 The Monkland Tennis Club

I hereby apply for membership in the Monkland Tennis Club and agree to abide by the Constitution and Rules of the Club, which will be provided to me, and that I will be liable for any special assessments judged necessary by the Board of Directors  I hereby acknowledge and confirm having expressly requested that this application and all notices, communications and statements related thereto be issued in English.								
SIGNATURE:	DATE:	DATE:						
PARTNER'S SIGNATURE:		DATE:						
Reserved for Administration								
□ Excel	□ Acomba	□ CC						
□EC	□ <b>In</b>	□ Locker						
□WC	□ Chrgd	□ Tour						
Date Received								
Date approved								
Notes:								

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