



## **Monkland Tennis Club**

**4225 ave. Royal, Montréal, Québec, H4A 2M4**

**Tel: (514) 481-1169 Fax :( 514) 481-1160**

**info@monklandtennis.com**

### **INFORMATION FOR MEMBERSHIP 2021**

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 of \$250 which applies to bar and kitchen expenditures, and all non-tennis social events. The annual minimum house account for senior playing member under the age of 31 is \$100. 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 on line at [www.monklandtennis.com](http://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 Birth \_\_\_/\_\_\_/\_\_\_ Sex: M  F   
Day/ month/ year

Telephone: Office \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Membership category: \_\_\_\_\_ Tennis Level: A  B  C  Novice  Don't Know

Interests: Lessons  Interclub Team  Round Robins  Social Activities  Swimming  volunteering on a committee

### PARTNER

First name \_\_\_\_\_ Family Name \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Sex: M  F   
Day/ month/ year

Telephone: Office \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Membership category: \_\_\_\_\_ Tennis Level: A  B  C  Novice  Don't Know

Interests: Lessons  Interclub Team  Round Robins  Social Activities  Swimming  volunteering on a committee

### CHILDREN

**1<sup>st</sup> Child** First name \_\_\_\_\_ Family Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Sex: M  F  Membership category: \_\_\_\_\_  
Day/ month/ year

**2<sup>nd</sup> Child** First name \_\_\_\_\_ Family Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Sex: M  F  Membership category: \_\_\_\_\_  
Day/ month/ year

**3<sup>rd</sup> Child** First name \_\_\_\_\_ Family Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Sex: M  F  Membership category: \_\_\_\_\_  
Day/ month/ year

**ADDRESS:** \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ 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: \_\_\_\_\_

**AUTHORIZED SIGNATURES**

The following Club members (e.g., spouse, children) are authorized to sign Club chits and other charges to be posted to my credit card as described above.

Member name _____	Print member name	Signature _____
Member name _____	Print member name	Signature _____
Member name _____	Print member name	Signature _____

**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:** \_\_\_\_\_

**PARTNER'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

*Reserved for Administration*

Excel

Acomba

CC

EC

In

Locker

WC

Chrgd

Tour

Date Received \_\_\_\_\_

Date approved \_\_\_\_\_

Notes: