EmployeeNotes:_____
_____
_____

BAY TENNIS & FITNESS

Membership Renewal Form

Please fill out the member information below.

Name:_____

Address:_____

City:_____

Date of birth :_____

Phone number:_____

Email address:_____

Employer:_____

Emergency Contact Person:_____

Emergency Contact phone:_____

Check a box to indicate the type of membership plan you would like to continue with. *Note: All memberships are consecutive from purchase date. Annual memberships begin on the first of the following month. Dues are prorated for the month in which the membership is purchased.*

1 Month	***2 Months***	***3 Month***	***4 Months***	***5 Months***	***6 Months***	***7 Months***	***8 Months***	***9 Months***	***Annual (12Months)***
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Please check the membership type: **Fitness** ☐ **Tennis** ☐ **Pickleball** ☐ **Combo (Tennis/Fitness)** ☐ **Combo(Fitness/Pickleball** ☐

Add Associates: *Please list any associates. Would you like to add an associate? Associates may be added at any time during the term of your membership. Associates may be a spouse, partner, or any family member living in your household or as a dependent. Associate rates are listed on the membership rates sheet.*

Full Name:_____

Date of Birth:_____

Full Name:_____

Date of Birth:_____

Locker Rental: *You may choose to rent an individual locker on a monthly or annual basis. Please indicate the type of locker and payment play you are renewing.*

Please check locker type:

☐ Full Sized Locker

☐ Half Sized Locker

Please check payment plan desired:

☐ $14.00 Paid Monthly ☐ $148.00 Paid Annually ☐ Locker Number

☐ $12.00 Paid Monthly ☐ $120.00 Paid Annually ☐ Locker Number

Membership payment -EFT- Electronic Funds Transfer- Please list payment information.

Please circle: Visa Mastercard Discover Amex

Name on Card_____

Card Number_____

Exp. Date_____ Security Code_____ Zip Code_____

Please circle: Checking or Savings

Name on account: _____

Bank Name: _____

Account number: _____

Routing number: _____

Monthly Payment Schedule ☐ **Pay in Full** ☐

I,_____, wish to renew my membership, with all existing rules and guidelines in my previous agreement, with the changes noted above.

Member Signature_____ **Date**_____