

**A:** 11411 Gas House Pike, New Market, MD 21774

**W:** [www.westwindstennis.com](http://www.westwindstennis.com)



**E:** [info@westwindstennis.com](mailto:info@westwindstennis.com)

**T:** 301.865.2701

**WEST WINDS**

TENNIS AND FITNESS

## **Tennis Membership General Information**

### **Membership Annual Payments**

Annual Memberships run for one calendar year from the time application is signed and ratified.

### **Initial Dues Payment**

At the time of application, membership dues may be paid by cash, check or credit card (Visa, MasterCard, AMEX or Discover). You must pay the entire year's dues at the time of application.

### **Payment by Check**

Please make checks payable to: **West Winds Tennis and Fitness Center**

### **Subsequent Dues Payment**

Memberships run continuously until cancelled in writing by either party. Memberships are non-transferable. We ask that you provide a credit card that we keep on file. If you do not provide a credit card on file, you will be invoiced each year for your annual dues, which will include a \$20 processing fee.

### **Cancellation**

To cancel your membership, West Winds Tennis and Fitness Center (WWTFC) must receive written notification no later than 30 days before the next membership period begins. Failure to notify WWTFC will result in continuing membership fees for which you will be billed.

### **Reinstatement Fees**

We do not charge an initiation fee. However, members who cancel and then rejoin within a twelve month period will be charged a \$100.00 reinstatement fee. For juniors and college players, the fee is \$25.

### **Changes in Membership**

Changes to the membership may be made in writing, to WWTFC, no later than 30 days before the start of the upcoming membership billing cycle. Failure to provide written notification will result in continuation of your current membership status.

### **Suspension of Membership due to medical reasons**

Individual and Junior Memberships may be temporarily suspended for medical reasons only. WWTFC must receive written notification with medical documentation attached. Suspensions cannot be made retroactively and do not apply to Family memberships.

### **Hours of Operation**

Please check our website at [www.westwindstennis.com](http://www.westwindstennis.com), as hours of operation change on a seasonal basis.

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## WEST WINDS

TENNIS AND FITNESS

### West Winds Tennis Membership Agreement

Membership Type	Requirements	Annual Fee	
Family	Immediate family members, including dependents 18 years and under, or 21 and under if enrolled as a full-time student	\$500	
Individual (full)	19 years of age and older and not a full-time student (see below for benefits)	\$250	
Senior	60 years of age or older with senior ID	\$200	
Individual (limited)	19 years of age and older and not a full-time student (see below for benefits)	\$150	
Junior	18 years of age and under	\$100	

#### FULL MEMBERSHIP BENEFITS

- Members may take part in member-only events and will receive member rates for clinics, lessons, socials and renting upstairs in the clubhouse.
- Members receive free daylight outdoor tennis.
- Members have the ability to reserve contract time for the season.
- Members can reserve court time 2 weeks in advance, non-members are 2 days.
- Members can purchase 10 clinics and get one free.

#### LIMITED MEMBERSHIP BENEFITS

- Members receive member price for clinics and events.
- Members receive member price for ball machine.

#### JUNIOR MEMBERSHIP BENEFITS

- Members receive member rates for clinics, lessons, and socials.
- Members receive free daylight outdoor tennis.

## Tennis Membership Application Form

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Membership Category (check one): \_\_\_\_ Family \_\_\_\_ Senior \_\_\_\_ Individual (full)

\_\_\_\_ Individual (limited) \_\_\_\_ Junior

Membership Billing Option: Credit Card on File \_\_\_\_\_ Invoice (\$20 processing fee) \_\_\_\_\_

Additional Family Members \_\_\_\_\_ DOB \_\_\_\_\_

Additional Family Members \_\_\_\_\_ DOB \_\_\_\_\_

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Additional Family Members \_\_\_\_\_ DOB \_\_\_\_\_

### LIABILITY RELEASE

I hereby acknowledge that the use of West Winds Tennis and Fitness Center (WWTFC) and any privilege or service incident to membership is undertaken with knowledge of the risk of possible injury. I hereby accept any and all risk of injury to myself, my guests and family members sustained while using the facilities or involved in any event or activity incident to membership. This includes any and all travel risk incurred while traveling as a member of any team established or managed by WWTFC. In accepting this risk of injury I understand that I am relieving and will fully indemnify and hold harmless WWTFC and its employees, WWTFC and any of its partners and affiliates, their officers, directors, employees, agents, members and management for and from any and all loss, cost, claims, damages and liabilities for property damage, personal injury or death arising from or connected with the use (whether proper or improper) of the club facilities and equipment by the undersigned and/or my family members. It is intended that this disclosure shall constitute a good, sufficient and complete defense against action which might be brought by the undersigned or any guest/family member or anyone acting on his/her behalf against any of the above mentioned entities. I hereby consent to allow my photo, video, or film likeness to be used for any legitimate purpose. Every effort will be made to ensure our members safety.

### MEMBERSHIP ACCEPTANCE

I understand that this application for membership will not be acted upon unless fully completed and signed. This Application for membership shall be governed by and construed in accordance with the laws of WWTFC, without regard to principles of conflicts of laws. Memberships are nonrefundable, but in case of a debilitating injury please contact the executive director. Upon signing this agreement, I indicate that I understand and accept all of its provisions and contents. I understand all the rules and regulations pertaining to membership to WWTFC. It is also understood that the membership can be cancelled at any time for any reason or if any of these rules are not followed by the applicant or any of the applicant's family members or guests.

Signature \_\_\_\_\_ Membership Start Date \_\_\_\_\_

Membership End Date \_\_\_\_\_

Payment Method: \_\_\_\_ Cash \_\_\_\_ Check \_\_\_\_ Visa \_\_\_\_ MasterCard \_\_\_\_ Visa \_\_\_\_ Discover \_\_\_\_ Amex \_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Card number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_