



BloomingtonTennisCenter.com



Phone: 309-808-6996 | Address: 4101 Wicker Road, Bloomington, IL 61704

Primary Member

First Name: _____ MI: _____ Last Name: _____

USTA#: _____ Gender: _____ Date of Birth (MM/DD/YYYY): _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email Address: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Membership Type (Circle One): **Family** **Adult** **Junior**

Additional Family Members:

Spouse Name: _____ **Gender:** _____ **Date of Birth (MM/DD/YYYY):** _____

Email: _____ **Cell:** _____ **USTA#:** _____

Name: _____ **Gender:** _____ **Date of Birth (MM/DD/YYYY):** _____

Email: _____ **Cell:** _____ **USTA#:** _____

Name: _____ **Gender:** _____ **Date of Birth (MM/DD/YYYY):** _____

Email: _____ **Cell:** _____ **USTA#:** _____

Name: _____ **Gender:** _____ **Date of Birth (MM/DD/YYYY):** _____

Email: _____ **Cell:** _____ **USTA#:** _____

CARD ON FILE (Mandatory for Payments)

*Credit Card for file: _____ Exp: _____ CVV: _____

Name on Card: _____

Signature: X _____ Date: _____

*Please put the above credit/debit information on my account. By signing I hereby permit Bloomington Tennis Center to effect payment for membership dues and other authorized charges by drafting my card.

I authorize Bloomington Tennis Center to use photos of the members and family members for the website and social media of the Bloomington Tennis Center.

Signature: X _____