

Member # _____

HILL CITY SWIM & TENNIS CLUB, LLC

Membership Application

MEMBERS:

Last Name: _____ Home Phone: _____
 Address: _____ Email Address: _____

First Name: _____ Spouse's Name: _____
 Cell Phone: _____ Spouse's Cell Phone: _____
 Employer: _____ Spouse's Employer: _____
 Employer Phone: _____ Spouse's Employer Phone: _____

Additional Members:

Name/Relationship: _____ ☐ Date of Birth: ____/____/____
 Name/Relationship: _____ ☐ Date of Birth: ____/____/____
 Name/Relationship: _____ ☐ Date of Birth: ____/____/____
 Name/Relationship: _____ ☐ Date of Birth: ____/____/____
 Babysitter: _____ Date of Birth: ____/____/____

Because our policy states that a "family membership is restricted to immediate family members living in the same household," please check box to confirm and have membership card issued

CIRCLE FEES THAT APPLY:



Type of Membership	New Member 2025	Returning 2024 Member
Initiation Fee: One-Time Only Fee	195.00	
Membership Fee:		
Single	425.00	425.00
Family of Two	525.00	525.00
Family of Three	575.00	575.00
Family of Four or More	610.00	610.00
Babysitter Fee:	225.00	225.00

Amount Due

METHOD OF PAYMENT:

	Date	Credit Card #	Expiration Date	CID#	Amount to be Billed on Card
Credit Card (MC/VISA only)					

***Please note, if you are paying by credit card, your credit card will not be billed until the snack bar is open

Authorized Signature of Credit Card

	Date	Cash Amount
Cash		

	Date	Check #	Check Amount
Check			

To avoid the \$25 late fee for extra processing -
 Complete and mail application with a \$50 non-refundable deposit by April 15 to:
 Hill City Swim and Tennis Club, LLC, 2677 Waterlick Road, Lynchburg, VA 24502

No Exceptions

(your deposit will be applied to your balance - not in addition)

Balance Due =