

# 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: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 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 2026	Returning 2025 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 - Balance Due = \_\_\_\_\_  
 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/NO Drop offs\*\*\***

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