Knoxville Racquet Club
PO Box 10353
Knoxville, TN 37939

Telephone 865-588-1323
Fax 865-588-4205
www.knoxvilleracquetclub.com

APPLICATION FOR MEMBERSHIP

_____ Resident family _____ Resident individual _____ Junior Tennis _____ Junior Development Program

_____ Non-resident _____ Young Adult (21-31 yrs) _____ Grandchild _____ Fitness

APPLICANT (please print)_____ Occupation_____

BILL TO: _____ _____ _____ _____
Street address City State Zip

Primary phone #:_____ Email: _____

_____ _____
Applicant Alternate phone # Spouse Alternate phone #

Eligible family members	Birth dates	INTERESTS Tennis	Swim	Fitness
_____ Spouse		_____	_____	_____
_____ Child	_____ _____	_____	_____	_____
_____ Child	_____ _____	_____	_____	_____
_____ Child	_____ _____	_____	_____	_____

The KRC member sponsoring me is _____. I know the following KRC members:_____, _____, and _____.

A deposit of one hundred dollars ($100), payable by check or credit card, must accompany this application. If accepted into membership, this deposit will be credited to your account; if not accepted into membership, deposit will be refunded.

I, the undersigned, agree if elected into membership, to abide by the bylaws and the rules and regulations of the Knoxville Racquet Club. I understand that membership is subject to approval of my application and payment in full of the membership fees as established and in effect at the time I am notified that membership is available. I understand that memberships other than swim are for a minimum of six months.

Applicant's signature_____ Spouse's signature _____ Date_____

Parent's signature if 18 or under_____ Date _____

Credit card: Visa/MC/Discover #_____ Expires: _____

Card billing address _____

Members are selected without regard to race, color, religion, disability, sex, national origin, age, or handicap.