



ROME TENNIS CENTER & ROME DOWNTOWN RACQUETS CENTER
MEMBERSHIP APPLICATION



Join Date _____

MEMBERSHIP TYPE: (Please Circle) **Single Couple Family Junior Primary** **Location:** (Please Circle) **RTC RDRC Both Locations**

Member's Name: _____ **Date of Birth** _____

Home Address: _____ **City** _____ **ZIP** _____ **State:** _____

Home Phone: _____ **Cell:** _____ **Email:** _____

Employer's Name: _____ **Title:** _____

Tennis Rating: _____ **REFERRED BY** _____

Membership Interests (Please circle) Court reservations - Lessons - Clinics- Leagues – Special Events – Camps –Game arranging
Tournaments – USTA leagues – Junior Programs – Social Events

Spouse Information

Spouse Name: _____ **Date of Birth:** _____

Cell Phone: _____ **Email:** _____ **Tennis Rating** _____

Dependent Information [A dependent is an unmarried child under 18 (or under 21 attending college full time) residing in the member's household]

Name(s)	Date of Birth	Gender
_____	_____	M / F
_____	_____	M / F
_____	_____	M / F

Rome Tennis Center & Rome Downtown Racquets Center ("RTC/RDRC") Tennis membership includes access to a house charge account to be used for tennis services and Pro Shop purchases during the month. The banking information that is processed at the end of each billing period to pay the balance on this account via Automated Clearing House (ACH) bank transfer.

Please select The banking information authorizing Cliff Drysdale Management located at 1100 Match Point Way NE, Rome, GA 30165 to pay off the accumulated balance on your tennis house charge account at the end of each billing period as well as your current monthly tennis membership dues.

Authorization for Checking/Savings ACH (required for all charges)

_____ () Checking () Savings
Financial Institution Name

_____ Account Number
Routing Number (ABA Number)

Please attach a voided check.

Authorized Signature: _____ Date: _____

I hereby authorize Cliff Drysdale Management to Debit the Bank Account or Credit Card referenced herein for current membership dues and member charges for previous month, according to the parameters specified in the RTC/RDRC membership documents. This authority will remain in effect until the payment(s) are completed as specified in RTC/RDRC membership documents. If a payment is returned for any reason I acknowledge that I am subject to a rejected item fee of \$25 or the maximum amount allowed by law.