



MEMBERSHIP

HOLLY TREE RACQUET CLUB

4950 Holly Tree Road Wilmington NC 28409 **Mail:** PO Box 3722 Wilmington NC 28406
910-791-2746 website: www.hollytreeracquetandswimclub.com

Name _____

Email Address _____

Date of Birth (MM/DD/YY) _____

Address _____

City, State _____ Zip _____

Home Phone _____

Cell Phone _____

NTRP Rating _____

Name of Spouse _____

Email Address _____

Date of Birth (MM/DD/YY) _____

Cell Phone _____

NTRP Rating _____

Children's Names/Dates of Birth (MM/DD/YY):

Child#1 Name/DOB _____

Child#2 Name/DOB _____

Child#3 Name/DOB _____

Full Membership with Tennis and Pool

\$1000 Initiation

\$99/Month Single \$129/Month Family

Summer Pool Only

\$675/Year

Credit Card #: _____

Exp. Date: _____ **Security Code:** _____ **I authorize Holly Tree Racquet Club to charge this card for any unpaid balances**

Applicant's Signature _____ Date _____