

AHSTC TENNIS-ONLY Membership Application

Anderson Hills Swim & Tennis Club PO Box 54110 Cincinnati, Ohio 45254

I hereby apply for a TENNIS ONLY MEMBERSHIP to Anderson Hills, Inc. (P.O. Box 54110, Cincinnati, Ohio 45254).

Said Membership is to be in	n the name of:			
(Applicant's Name)-Please Print Application for Membership Type (circle one):		Dated		
		Single Tennis-Only Membership		p
APPLICANT'S Contact Inform	mation:			
Street address	City	State	Zip code	Home or Mobile Phone
Place of Employment		Occupation		Work Phone Number
Email Address (to be used for	or Club communicatio	ns)		
sales tax) payable to Ander rejected by the Board of Tru	son Hills, Inc. I unders ustees. sum shall be retained	stand that this sui	m is not refundal	y cents (\$161.70 / \$150 plus Ohio ble unless my application is fundable Membership Fee to cover
I understand that this opening late May until Club	-		me as the Swim (Club and include use opening Club
	hio 45254) the Emerg	ency Medical For	m and the Code	nderson Hills Swim & Tennis Club , of Conduct document found on am allowed use of the
	-			vs access to the tennis courts only. play yard nor snack shack areas.
Applicant's Signature		Dated:		