



MEMBERSHIP FORM

4 Pheasant Run Road ~ Oxford, CT ~ 06478 (203)xxx-xxxx

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____ DOB: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____ RELATIONSHIP: _____

Terms of Membership

All memberships shall be for a minimum period of one year, beginning upon date of signature. After that point, the member may elect to terminate membership by a 30 day written notice to the address listed above.

I understand that I am responsible for the full term of this membership and that memberships are not refundable or assignable. Memberships may be terminated by the club if I am in violation of club rules, regulations and policies. I will not be entitled to any refunds and upon termination of my membership and I am responsible for any outstanding balance due.

PAYMENT OPTIONS

() I agree to pay in full \$980.00 by credit card or check, Please make checks payable to Oxford Pickleball, LLC.

Signature: _____ Date: _____

() I authorize Oxford Pickleball, LLC to **AUTOMATICALLY CHARGE** my credit card on or about the 5th of each month, payments of \$85.75 per month over 11 months (after an initial payment is made at time of registration) for a total of (membership + 5% processing fee) \$1029.00.

Name as appears on card: _____

Billing address (if different than above): _____

Card Number: _____ Exp. Date: _____ CVN: _____

Signature: _____ Date: _____

() I am electing to open an Oxford Pickleball, LLC member house account and authorize Oxford Pickleball, LLC to **AUTOMATICALLY CHARGE** the above credit card on or about the 5th of each month for fees incurred during the previous month to my Oxford Pickleball, LLC member house account.

The terms and provisions of the "Waiver of Liability and Release" is hereby incorporated and made a part hereof in full.

Signature: _____ Date: _____