

MEMBERSHIP APPLICATION FORM



(Please PRINT all information, thank you)

NAME: Last: _____ First: _____ MI: _____ DoB: _____

SPOUSE'S NAME: Last: _____ First: _____ DoB: _____

BILLING ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ TEL: (H): _____ \ _____ (W): _____ \ _____ (Cell): _____ \ _____

E-MAIL ADDRESS: _____ USSRA# (if applicable) _____

CHILDRENS NAMES AND BIRTHDATES: (ages 21 and under)

NAME: _____ DoB: _____ NAME: _____ DoB: _____

NAME: _____ DoB: _____ NAME: _____ DoB: _____

MEMBERSHIP TYPES AND FEES: There is an initiation fee payable upon joining.

| Type | Initiation Fee | 12 Month (monthly) |
|-------------------------------------|----------------|--------------------|
| Individual | \$50 | \$110 |
| Seniors (65 and older) | \$50 | \$77 |
| Juniors (under 16) | \$50 | \$55 |
| Couples | \$50 | \$154 |
| Family | \$50 | \$180 |
| Corporate (5-10 employees) | None | \$85 |
| Corporate (11-20 employees) | None | \$75 |
| Corporate (21 or more employees) | None | \$55 |

Join Southern California Squash (www.socalsquash.com) and the USSRA now. For \$55 you will get a subscription to Squash Magazine and be able to play in all sanctioned events and matches in California and across the US. Support the game, check the box and we will organize your payment in line with your payment option. Either lump sum of \$55 or monthly payments of \$4.60.

SoCal and USSRA membership - \$55 per year or \$4.60 monthly.

Payment Plan

Please fill in required fields, marked with **

Membership type required :

** (circle) Individual/ Senior /Junior / Couple/ Family / Corporate \$ _____ ** per year/monthly

Please sign me up for SoCal and USSRA membership now: ** Yes/ No \$ _____ ** per year/monthly

Credit card payment:

I request the amount of **\$ _____ per month / as a single payment be taken from my Visa/Mastercard account for my membership commencing ** ____ - ____ - ____.

** Card #: _____ Exp. Date: ____ - ____ V-Code: _____

I authorize the San Diego Squash, (SDS) to charge my card # above in return for my annual membership in the SDSI. I understand that my membership is for one full year (beginning the first membership month) and that, if I choose the monthly payment scheme, I am responsible for all 12 payments, regardless of use. If membership is terminated prior to 12 months of use, I agree that my credit card shall be charged the remaining balance. I understand that I can freeze and extend my membership for any reason for a minimum of 1 month and a maximum of 3 months in any membership year, subject to a \$20 monthly administrative fee being charged to my card.

** Signed: _____ Date: ____ - ____ - ____

Check payment:

** I enclose a check for the amount of \$ _____ as a single payment for my membership for one year commencing ____ - ____ - ____.

** Signed: _____ Date: ____ - ____ - ____

Please mail completed and signed membership agreement (with credit card information or check) to:

San Diego Squash, 9370 Waples St Suite 101., San Diego, CA 92121

Liability/Waiver of Claims: Each member hereby expressly agrees that all use of the San Diego Squash Inc.'s (SDS's) facilities shall be undertaken at the member's sole risk, and SDSI shall not be liable for injuries or damages to members or guests, including, without limitation, those injuries or damages resulting from acts of active or passive negligence on the part of SDS, its owners, officers and assignees, or agents. Each member, for himself/herself and family members, and on behalf of his/her executors, administrators and assignees, expressly releases and forever discharges and indemnifies the SDSI, its successors and assignees, as well as its owners, officers and employees and agents, from all such claims, injuries, damages, actions or causes of action. Further, it is agreed that SDS is not responsible or liable to members or their guests, for articles or possessions lost, stolen or damaged including their automobiles and contents thereof.

SIGNATURE: _____ **DATE:** _____

ACCEPTED BY: _____ **DATE:** _____

