

ACTON INDOOR TENNIS ASSOCIATION, INC.
ACTON, MA

Application for indoor season membership

Date _____

To join the Acton Indoor Tennis Association, please complete the form below and return it along with your check (payable to AITA) to:

AITA
 PO Box 2220
 Acton, MA 01720

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NAME _____ DATE _____

SPOUSE _____ CHILDREN _____

STREET _____ TOWN _____ ZIP _____

PHONE (HOME) _____ (WORK) _____

EMAIL _____

MEMBERSHIP DESIRED (CHECK ONE): FULL () ASSOC. () RDM () LM ()

	<u>Initiation Fee</u>	<u>First Half Dues</u>	<u>Total (Due Now)</u>	<u>2nd Half (Due Jan.)</u>	<u>Total (first year)</u>
Full	\$100	+ \$470	= \$570	+ \$470	= \$1040
Assoc.	\$100	+ \$310	= \$410	+ \$310	= \$720
RDM	\$100	+ \$275	= \$375	+ \$275	= \$650
LM	\$0	+ \$125	= \$125	+ \$125	= \$250

Note that League Member (LM) applications require team captain approval.

I understand that I am joining AITA for the full indoor season and am obligated to pay the amounts due now as well as the second half dues when invoiced.

TOTAL ENCLOSED \$ _____ SIGNED: _____