



Town of Fort Erie Tennis Membership Application Form

Applicant Information

Full Name: _____

Date of Birth (YYYY-MM-DD): _____

Address:

Street: _____

City/Town: _____

Province: _____ Postal Code: _____

Phone Number: _____

Email Address: _____

Court Preference:

Har Tru Courts

Hard Courts

Were you previously a member of the Fort Erie Tennis Club:

Yes

No

Contact Information

Name: _____

Relationship: _____

Phone Number: _____



Membership Details

Membership Type (please select):

- Adult
- Youth

Preferred Start Date: _____

Payment Information

Name on Card: _____

Card Type: Visa MasterCard American Express

Card Number: _____

Expiry Date (MM/YY): _____

CVV: _____

Agreement & Signature

I certify that the information provided above is accurate and complete. I understand and agree to abide by all Town of Fort Erie tennis facility rules and regulations.

Signature: _____

Date: _____

Office Use Only

Application Received By: _____

Date Processed: _____

Membership ID: _____
