



## Town of Fort Erie Tennis Membership Application Form

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### 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

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### Contact Information

**Name:**

**Relationship:**

**Phone Number:**

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**Membership Details**

**Membership Type (please select):**

Adult

Youth

**Preferred Start Date:**

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**Payment Information**

**Name on Card:**

**Card Type:**  Visa  MasterCard  American Express

**Card Number:**

**Expiry Date (MM/YY):**

**CVV:**

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**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:**

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**Office Use Only**

Application Received By:

Date Processed:

Membership ID:

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