

OAKWOOD SWIM & RACQUET CLUB

P.O. Box 9303 - 5260 Perin Road, Mobile AL 36691
666-4471 (club house) or 661-1922 (pool/fax)

MEMBERSHIP APPLICATION

To Be Completed By Applicant:

Name/(Parent/Guardian of Junior) _____ Phone # _____

Street Address _____

City _____ State _____ Zip _____

Email Address _____ D.O.B. _____

Occupation _____ Employer _____

Spouse's Occupation _____ Employer _____

Others Living in the Household (if applicable)	Relationship	D.O.B.	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Type of Membership: Family Individual Junior _____
Name of Junior

I prefer to pay Annually
(Dues are owed by Jan. 31st each year)

I prefer the Monthly Bank Draft
(Commitment for one calendar year automatically renews unless request for cancellation is received by January 31st)

Members of Oakwood Swim & Racquet Club known to the Applicant:

Primary Reasons for Joining the Club are: Tennis Swim Dive Other

Tennis Ratings : USTA: _____ BATA: _____

How did you learn about Oakwood?
Member Driveby Advertisement Tennis Pro Swim Coach Dive Coach Other

Please mail Membership Application, Agreement Form, Draft Authorization Form (if applicable), and Payments to:
Oakwood Swim and Racquet Club
ATTN: Membership Director
PO Box 9303
Mobile, AL 36691
(Checks payable to OSRC)

For Membership Director:			
Date Application Received	_____	Bond Number Issued	_____
Date Approved/Disapproved	_____	Sale of Bond Number	_____
Notification of Status	_____	In the Name Of	_____
Check Received	_____		
Mailed Membership Package	_____	Processed By:	_____

OAKWOOD SWIM & RACQUET CLUB
2011 Individual Membership – Agreement Form

The undersigned acknowledges that the Individual Membership Bond of ownership is \$500.00 and the Initiation Fee/Transfer Fee is \$150.00, which is due upon acceptance of application. The 2011 Annual Dues of \$495.00 (prorated as necessary) may be paid at time of acceptance, or may be paid by a monthly bank draft of \$46.00 that remains in full effect for the calendar year and automatically renews unless proper notification has been made by the undersigned. The undersigned has been informed that the Individual Membership Bond may be sold or transferred upon board approval. Furthermore, undersigned must be in good standing and follow the guidelines set forth in the OSRC Handbook.

The undersigned further acknowledges that the Oakwood Individual Membership is provided for one single individual with no dependents. The Individual membership may be upgraded to a Family Membership in the event of a status change. In addition, the undersigned hereby agrees to be responsible for his/her conduct and that of his/her guests. All persons entering the facilities of Oakwood Swim and Racquet Club are subject to the terms and conditions of membership and rules of conduct and are subject to possible removal from the club for any violation thereof. Repeated violations of the terms and conditions of membership or the rules of conduct by myself, or my guest(s) may result in the termination of the 2011 membership. The undersigned hereby agrees to waive, release and discharge forever OSRC, its successors and assigns from any and all claims, demands, rights and causes of action arising directly or indirectly from any and all known or unknown, foreseen or unforeseen, bodily or personal injury, damage to property and the consequences thereof from any and all activities of myself, or my guest(s) while on OSRC property which is herein used at my own risk.

I, _____ Date: _____
agree to abide by the terms and conditions of this yearly contract agreement as stated above and would like to make application for the 2011 OSRC Individual Membership.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

COMPANY NAME: OAKWOOD SWIM & RACQUET CLUB

I (we) hereby authorize **Oakwood Swim & Racquet Club**, hereafter called **COMPANY**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our)

Select one: Checking Savings

BANK NAME: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

This authorization is to remain in full force and effect until COMPANY has received WRITTEN NOTIFICATION from me (or either of us) of its termination in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S): _____

SIGNED: _____ **DATE:** _____

SINGED: _____ **DATE:** _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS SHOULD PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGNIATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PLEASE ATTACHED A VOIDED CHECK BELOW