University City Racquet Club

Membership Form

Staff Use Only	
Processed Date	
Annual Dues	$
Registration Fee	$
Total	$
Payment Type/Check #	
Processed By	

☐ **Individual Adult**	**$325**
☐ **Individual Senior** (55+)	**$300**
☐ **Married Couple / Domestic Partnership** (Two adults living in same household)	**$500**
☐ **Senior Couple / Domestic Partnership** (Two adults 55+ living in same household)	**$450**
☐ **Family** (Two adults & two kids (under 18) living in same household)	**$550**
☐ **Junior** (under 18)	**$100**

Referred by a current member? Provide their name so we can say thanks:_____

Please list all details for each new adult member below:

Last Name	First Name	Phone number:	Email:
Last Name	**First Name**	**Phone number:**	**Email:**

Mailing Address: _____

Children under 18	Date of Birth (mm/dd/yyyy)
1.	
2.	

$50 Registration fee for New Members and
Former Members over 30 days beyond membership expiration

☐ DO NOT include my information on the UCRC Membership Roster

Mail Form with check made out to UCRC
3585 Governor Drive, San Diego, CA 92122
858-452-5683 ucracquetclub@gmail.com

Membership Fee $_____

Registration Fee $_____

Donation to Reserve Fund: $_____

Total $_____