



Kailua Racquet Club

Established 1938

Email photo of yourself
and/or Family to:
info@kailuaracquetclub.com

Application for Kailua Racquet Club Membership

Thank you for your interest in joining Hawaii's premier tennis facility, Kailua Racquet Club. We are a private, member owned club, whose membership is limited to 250 Families.

When a membership space becomes available, it takes approximately two-months to process your application. Orientation is approximately thirty minutes. You may begin enjoying the facilities once your orientation is complete.

APPLICANT INFORMATION

Name _____

Address _____
Street City State Zip Code

Cell phone _____ Home phone _____

Profession _____

E-mail address to use for club communications _____

Birthdate _____ Ability Level (NTRP) _____

SPOUSE'S INFORMATION

Name _____

Cell phone _____ Home phone _____

Profession _____

E-mail address to use for club communications _____

Birthdate _____ Ability Level (NTRP) _____

Additional Family Members (Dependants through age 23):

Name _____ Birthdate _____ Ability Level _____

Name _____ Birthdate _____ Ability Level _____

Name _____ Birthdate _____ Ability Level _____

Name _____ Birthdate _____ Ability Level _____

KRC Member Sponsor (must be a current KRC member in good standing)

 Name Signature Date

KRC Member Sponsor: How long have you known the applicant? _____

Orientation Time and Date _____

Manager Signature when completed _____

LONG-TERM MEMBERSHIPS		INITIATION	MONTHLY DUES
	FULL (LIFE) Age 30+	\$2900	\$175
	OFF ISLAND- 12 weeks per year	\$2900	\$600/yearly
	YOUNG ADULT INDIVIDUAL (Age 29 & under)	\$1000	\$105
TERM MEMBERSHIPS			
	FAMILY Age 30+ (1 Year)	\$600	\$175
	Military (2 Years)	\$600	\$175
	YOUNG ADULT INDIVIDUAL Age 29 & under (1 Year)	\$250	\$105
	JUNIOR INDIVIDUAL Age 10-20 (1 Year)	\$100	\$35
Discounts available for sons, daughters of current KRC Full Members 10 years or more			

Refundable Deposit of \$300 must be included with application: \$_____

Please fill out the Authorization for Electronic Banking for auto pay. It will be taken out of your account approximately the 25th of each month, please include a “voided” check for routing information.

If approved, I agree to abide by the By-laws, House Rules and Tennis Rules now in effect, or which may be here-after adopted. In addition, I agree to pay my account in full each month even due to circumstances beyond the control of KRC and to notify us in writing of any change of address. Late fees are \$5 the 1st month and \$25 each month thereafter.

If this account is not paid as agreed, and my account is placed in the hands of a collector and attorney for collection, I agree to pay, in addition, the principal and late fees, all cost of collection, including attorney fees.

 Applicant’s Signature Date

___Contact information complete ___Electronic photo submitted ___Member Sponsor signature ___Orientation scheduled,
 ___Money’s enclosed ___Signed and dated