

**CATS MEMBERSHIP APPLICATION
SEPTEMBER 1, 2018– AUGUST 31, 2019**

I AM A:

New Member

Renewing Member

If your information is the same as in the
CATS Directory. Just fill in your name below.

PERSONAL INFORMATION

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Email address _____ @ _____

Please do not publish my email address in the CATS directory.

MEMBERSHIP TYPE AND COST (Choose only one)

League Player: Plays full or part-time as a member of a team.

New member: Annual membership running September 1 – August 31: \$40

Renewing member through August 31: \$35

Renewing member after August 31: \$40

Social/Sub/Summer-Only Player Member: \$15. During the Fall and Winter Sessions, social members can choose to be placed on a league play sub list and play up to three times during a session. During the Summer Session, social members may play on a team. (New members who joined in April or May to play in the Summer Session and paid \$15 may extend their memberships through August 31 of the following year by paying an additional \$25 before September 1.) Social members pay the member price for CATS events.

PAYMENT OPTIONS (Chose only one)

CATS accepts Zelle and checks as payment. Indicate which you are using.

Zelle. Send payments to: catstreas@gmail.com. Enter: the dollar amount you intend to pay. In the "Message/Memo" field, enter: name and the purpose of the payment. Follow the instructions to send payment. For more information about using Zelle, visit catstennis.org/membership-fees/payingwithzelle

Check. Check # _____ Amount \$ _____. Checks should be payable to CATS and mailed with this application.

WAIVER

I agree that my participation in CATS tennis activities is without assumption of responsibility of any kind by Chicago Advertising Tennis Society, its directors, officers, members, and participants. In consideration of the acceptance of my application, I do hereby release and forever discharge said Society for any and all damages, losses, or injuries which I may have to hereafter incur, and all such claims are hereby waived and released, and I agree not to sue therefore.

If you want to be recognized on Facebook on your birthday, enter your birth date here. Day _____ Month _____

Signature (Required)

Date

Mail your application and check to the Membership Chairman: Dave Herd, 540 Michigan Ave., #H-2, Evanston IL 60202-3037. For more information, contact Dave at 847-869-8014 or dave@daveherd.com