



MEMBERSHIP LEVEL

Membership Level (circle one):

Family	Single	Junior	Fitness Only
\$1895	\$1295	\$895	\$780

Initiation fee for all levels \$750

MEMBER INFORMATION

Primary Member: _____ Date of Birth: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ Work: _____

Cell: _____

Email address: _____ (2) _____

Spouse's Name: _____ Date of Birth: _____

Children: (Names and birthdates – provide month, day and year)

Name: _____ Date of Birth: _____

Employer: _____

Personal References:

1. _____
2. _____

How did you hear about us?:

GENERAL INTERESTS

Check all that apply

- | | |
|------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Squash Courts | <input type="checkbox"/> Social Lounge |
| <input type="checkbox"/> Squash Pro/Lessons | <input type="checkbox"/> Location |
| <input type="checkbox"/> Junior Squash Program | <input type="checkbox"/> Smaller Club (Member & Size) |
| <input type="checkbox"/> Fitness Center | <input type="checkbox"/> Weight Lifting |
| <input type="checkbox"/> Personal Training | <input type="checkbox"/> Fitness Classes |

Other: _____

SQUASH INFORMATION

Do you have a USSRA Rating?: _____

Rating #: _____

Are you an MSRA League player? _____

If not, do you have interest in League play? _____

What time(s) of day do you prefer to play? _____

Do you want to be contacted by other Club Members that might be interested in playing? _____

FITNESS GOALS

Check all that apply

- | | |
|------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Cross Train | <input type="checkbox"/> Increase Cardiovascular |
| <input type="checkbox"/> Fat loss/ Weight loss | <input type="checkbox"/> Increase Strength |
| <input type="checkbox"/> Injury rehab | <input type="checkbox"/> Tone up |

Other: _____

PROVIDED FOR OFFICE USE ONLY

Credit Card Information (required)

Card Number: _____ Exp. Date _____

Type of card (please circle) : _____ MC _____ Visa _____ Amex _____ Discover _____

Name (as it appears on card): _____

Billing Address: _____

Security Code (on back of card, front of card on AMEX) _____

Signature: _____ **Date:** _____

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