

# Bear Valley Tennis Club New Member Application

Last Name:

First Name:

Other Family Members:

Home Address:

Home Phone:

E-mail Address:

Bear Valley Address:

Bear Valley Phone:

Date membership purchase:

Purchase Price:

Membership purchased from:

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Give this form to BVTC secretary

- Given Key
- Copy of Rules/Regulations
- Given on-line reservation ID and password
- Signed release from liability form

Send this form to:  
BVTC  
P.O. Box 5117  
Bear Valley, CA 95223  
Attn. Membership Committee