



University Club of Rockford - Application for Squash Membership

Date: _____

Full Name: _____ Date of Birth: _____

Home Address: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Business: _____ Position: _____

Business Address: _____ Zip: _____

Business Phone: _____

Email Address: _____

Please add a credit card number, expiration date and code for monthly billing of dues. (\$50. per month) or \$550. per year when paid all upfront.

(There is a 3% fee added each month for using your credit card as payment.) Auto bank draft is a no charge choice for payment. Please fill in information below for your preferred payment option.

- Credit Card Information:

- Bank Draft option: Routing # _____
Account# _____ Bank Name _____

With this membership you are entitled to full use of the Squash Court and use of the bar for drinks (during bar hours when the clubhouse is open.)

We hope you enjoy your Squash membership. If you have any questions, please contact Julie Sandall (Office Manager) 815.962.1730 or email: jsandall@uclubrockford.com

Applicant's Signature: _____ Date: _____