



**ORANGE HUNT SWIM CLUB, INC. (OHSC)**  
**2018 Limited Use Membership**  
 Tennis Team Program

For Official Use Only
Date:
Init:

**This Limited Use Membership is for members of another Northern Virginia swim club that does NOT have a tennis team.**

- In order to be eligible for this membership, applicants must certify they are residents of Fairfax County or Alexandria and have a Family Membership with another NV pool/club.
- Membership starts June 1, 2018 through July 31, 2018.
- Membership application form must be accompanied by a completed OHSTC **2018 Tennis Program Registration Packet**.

**Membership includes:**

- Registration of one (1) family member in a 2018 OHSTC summer tennis team program. (*registration for additional tennis team players is paid separately*)
- Use of the courts for the duration of the membership.

Family Last Name:		Membership #: <i>(New members will be assigned a number)</i>	
Street Address:		Home Phone:	
City/State/Zip:		Home Club:	
MEMBERSHIP CATEGORY		PRICE	AMOUNT DUE
<input checked="" type="checkbox"/> Limited Use Tennis Program Membership		\$160.00	160.00
Make check payable to: <i>Orange Hunt Swim Club</i> To Pay by Credit Card: Enter your email below to receive your invoice and instructions for payment. A 4% processing fee will apply.		Mail this completed form & payment to: <i>Orange Hunt Swim Club</i> <i>P. O. Box 2012</i> <i>Springfield, VA 22152</i>	
Email for Invoicing:		<b>TOTAL</b> \$ 160.00 Paying by: Check (# _____) Credit Card Cash	

**Head of Household please confirm the following on behalf of the family membership:**

- I hereby certify that I have reviewed the current bylaws and rules of OHSC (located at [www.orangehuntswimclub.org](http://www.orangehuntswimclub.org)) and agree to abide by them.
- I consent to electronic communications and the use of email for formal correspondence from OHSC.

**OHSC Photo Opt-Out (Objection to Use of Photos and Other Images in OHSC Productions)**

- I object to the release of any member's photo listed under our membership name, or voice in videotape, television, motion picture, audio recording, website, or still photograph production that will be produced by and available to the public from OHSC or the media (to the extent that access is within OHSC control during normal business hours).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***OHSC will NOT deposit your payment unless accompanied by this completed form.***

Next Page for Household Information!



HEAD(S) OF HOUSEHOLD		PHONE NUMBERS
1st Adult:	Name:	Cell:
	E-mail:	Work:
2nd Adult:	Name:	Cell:
	E-mail:	Work:

OHSC by-laws state membership privileges are extended to the member's immediate family only (defined as the head of the household, his/her spouse/significant other, children and other permanent members of the household). List only those individuals currently residing in your household that will be participating in the OHSC Tennis Program. Please print.

Name of <u>Players</u>	Relationship to Head of Household <i>(ex. son, daughter)</i>	Birthday <i>(ex. 2/23/03)</i>
1.		
2.		
3.		
4.		

Please list any additional immediate family members so that they may be able to participate in any other Tennis Program family activities.

Name of <u>Additional</u> Family Members	Relationship to Head of Household <i>(ex. son, daughter)</i>	Birthday <i>(if under 21)</i> <i>(ex. 2/23/03)</i>
1.		
2.		
3.		
4.		

<b>QUESTIONS?</b> Contact: Membership Director Email: <a href="mailto:membership@orangehunswimclub.org">membership@orangehunswimclub.org</a> Phone: 571-337-8981	Contact: Tennis Director Email: <a href="mailto:tennisteam@orangehunswimclub.org">tennisteam@orangehunswimclub.org</a>
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