

Credit Card Authorization Form

PALM SPRINGS TENNIS CLUB

Member Number:	New Member Activation Date:
Member Name:	
Credit Card Information:	
Name as it appears on Credit Card:	
Credit Card Type (circle one): AMEX	VISA MASTERCARD DISCOVER
Credit Card Number:	
Expiration Date:	(3-digit security code on back of card for Visa/MC/Discover) (4-digit security code on front of card for AMEX)
Credit Card Billing Address and Contact Information:	
Address:	
City:	State: Zip:
Phone:	Email:
Type of Charge and Amount to Authorize:	
INITIATION FEEInitiation Fee (\$1,000)Initiation Fee minus Summer Membership (\$650)	
ANNUAL PAYMENTS (One Time Charge Annually)	
□ Family (\$1,785) □ Single (\$	1, 385)
□ Family + # (\$935 Each) □ Discour * If paid i	nt (-\$50)
MONTHLY PAYMENTS (Monthly Paymen	nts Processed Once a Month)
□ Family (\$149.00 Monthly) □ Single (\$116	.00 Monthly)
□ Family + # (\$78.00 Each)	
Card Holder Signature	Date
Return completed form via email to cfreddy@palmspringstennisclub.info, or drop off at the Proshop.	

Membership Billing Inquiries - (760) 318-1716