



2023 CHARBONNEAU SPORTS CENTER MEMBERSHIP APPLICATION

CHECK ONE: _____ RENEWAL _____ NEW MEMBER

CHARBONNEAU RESIDENT	TENNIS SINGLE MEMBERSHIP	\$345
NON-RESIDENT	TENNIS SINGLE MEMBERSHIP	\$455
CHARBONNEAU RESIDENT	TENNIS FAMILY MEMBERSHIP	\$525
NON-RESIDENT	TENNIS FAMILY MEMBERSHIP	\$685
CHARBONNEAU RESIDENTS ONLY	PICKLEBALL SINGLE MEMBERSHIP	\$80
	PICKLEBALL FAMILY MEMBERSHIP	\$120

MEMBER NAME(S): _____ Name _____

CHILD'S NAME & DATE OF BIRTH:

NAME _____ DATE OF BIRTH _____ NAME _____ DATE OF BIRTH _____

NAME _____ DATE OF BIRTH _____ NAME _____ DATE OF BIRTH _____

ADDRESS: _____ CITY: _____ ZIP _____

HOME PHONE: _____ WORK/CELL PHONE(S): _____

EMAIL ADDRESS: _____

EMAIL ADDRESS: _____

ANNUAL MEMBERSHIP DUES \$ _____

INITIATION FEE - \$100 for a new Resident Tennis \$ _____

\$200 for a new non-resident Tennis

\$100 for new resident pickleball \$ _____

TOTAL DUE \$ _____

Make checks payable to **Charbonneau Country Club**, 32000 SW Charbonneau Dr, Wilsonville, OR 97070

Be sure to sign the agreement on the back of this page (page 2 of 2) →

For office use only

Passes given _____ Photo(s) taken _____ User No. _____ Code _____

Date paid _____ Check No. _____ Member ID# _____

By Signing below, I agree:

- That I will not give, share, loan, or otherwise provide my individual or family access number code with any other Charbonneau Tennis Club members or any non-members of the Club
- That the information supplied on page one of this Charbonneau Tennis Club application is true and accurate
- To abide by all Charbonneau Tennis Club Rules and Regulations and the Charbonneau Tennis Club by-laws
- As a parent or guardian of minors using the Tennis facility, I will ensure those under my authority abide by the above rules.
- I agree to indemnify and hold harmless the Charbonneau Country Club, its Officers, Directors, employees, and agents against any suits, costs, loss, damage, or liability arising out of or in connection with my use of the Charbonneau Tennis Club. I further agree to assume all risk of personal injury or loss, including death, arising out of or in connection with my use of the facilities at the Charbonneau Tennis Club.

Signature

Signature

Print Name

Print Name

Date

Charbonneau Country Club
32000 SW Charbonneau Drive
Wilsonville, OR 97070
503-694-2300