

CHARBONNEAU Sports Center Membership Application

2024 WAITLIST _____ NEW MEMBER _____ RENEWAL _____

CHARBONNEAU RESIDENT	TENNIS SINGLE MEMBERSHIP	\$365
NON-RESIDENT	TENNIS SINGLE MEMBERSHIP	\$475
CHARBONNEAU RESIDENT	TENNIS FAMILY MEMBERSHIP	\$555
NON-RESIDENT	TENNIS FAMILY MEMBERSHIP	\$715
RESIDENT/NON-RESIDENT	TENNIS JUNIOR MEMBERSHIP	\$250
CHARBONNEAU RESIDENTS ONLY	PICKLEBALL SINGLE MEMBERSHIP	\$100
CHARBONNEAU RESIDENTS ONLY	PICKLEBALL FAMILY MEMBERSHIP	\$150

MEMBER NAME(S): _____ NAME: _____

CHILDREN/GRANDCHILDREN NAMES AND DATE OF BIRTH: (Lives at home, full time student, and 22 years of age and younger)

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
------	---------------	------	---------------

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
------	---------------	------	---------------

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ PARTNER/SPOUSE PHONE: _____

EMAIL ADDRESS: _____ PARTNER/SPOUSE EMAIL: _____

ANNUAL MEMBERSHIP DUES (from above) \$ _____

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

\$100 for a Resident/Non-Resident Junior Tennis \$ _____

\$200 for a New Non-Resident Tennis \$ _____

\$100 for a 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: Code _____ Fob _____/_____ Handbook _____ Passes Given _____
 Photo(s) Taken _____/_____ User No. _____ Date Paid _____ Check No. _____

By signing below, I agree:

- That I will not give, share, loan, or otherwise provide my fob or key pad number with any other Charbonneau Sports Center members or any non-members of the Club
- That the information supplied on page one of this Charbonneau Sports Center application is true and accurate
- To abide by all Charbonneau Sports Center Rules and Information, and by not complying may result in a forfeiture of membership
- As a parent or guardian of minors using the Sports Center Facility, I will ensure those under my authority abide by the above rules
- I agree to indemnify and hold harmless the Charbonneau Sports Center Facility, its Officers, Directors, employees, and agents against any suits, cost, loss, damage, or liability arising out of or in connection with my use of the Charbonneau Sports Center. 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 Sports Center

Signature

Signature

Print Name

Print Name

Date

Date

How did you hear about Charbonneau Sports Center? _____

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