



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: _____ CVV NUMBER: _____

(3-digit security code on back of card for Visa/MC/Discover)
(4-digit security code for AMEX)

Credit Card Billing Address and Contact Information:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Type of Charge and Amount to Authorize:

INITIATION FEE

☐ New Member Initiation Fee (\$1,000) ☐ Initiation Fee minus Summer Membership (\$650)

ANNUAL PAYMENTS (One Time Charge Annually)

☐ Family (\$1,835) ☐ Single (\$1,435) ☐ Social (\$1,135)

*Current Social Members Only

☐ Family + #___ (\$985 Each) ☐ Discount (-\$50) ☐ Summer (\$350)

*If paid in full by Nov 1

(June -Sept)

MONTHLY PAYMENTS (Monthly Payments Processed Once a Month)

☐ Family (\$153.00 Monthly) ☐ Single (\$120.00 Monthly) ☐ Social (\$95.00 Monthly)

*Current Social Members Only

☐ Family + #___ (\$83.00 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