



HOUSTON CHESS CLUB

MEMBERSHIP APPLICATION



NAME(S): _____ (Please include middle name, initial, or put "none" if no middle name.)

ADDRESS: _____

City: _____ State: _____ Zip: _____

PHONE: _____ Cell: _____

USCF ID: _____ E-MAIL: _____

How were you referred to us: _____

MEMBERSHIP LEVEL (Check One):

<input type="checkbox"/>	ADULT	1 YEAR	\$165.00
<input type="checkbox"/>	ADULT	6 MONTHS	\$95.00
<input type="checkbox"/>	ADULT	3 MONTHS	\$60.00
<input type="checkbox"/>	SENIOR—age 60 or older	1 YEAR	\$120.00
<input type="checkbox"/>	SENIOR	6 MONTHS	\$75.00
<input type="checkbox"/>	COLLEGE—with ID	1 YEAR	\$120.00
<input type="checkbox"/>	COLLEGE	6 MONTHS	\$75.00
<input type="checkbox"/>	JUNIOR-- age 18 or under	1 YEAR	\$120.00
<input type="checkbox"/>	JUNIOR	6 MONTHS	\$75.00
<input type="checkbox"/>	FAMILY SIBLINGS--in school same household	1 YEAR	\$200.00
		6 MONTHS	\$120.00
<input type="checkbox"/>	FAMILY-- parents and children	1 YEAR	\$260.00
		6 MONTHS	\$150.00
<input type="checkbox"/>	WED ONLY Not applicable to any other than monthly 4 round tournaments held on Wed	1 YEAR	\$100.00
		6 MONTHS	\$60.00

I AGREE TO ABIDE BY THE RULES AND POLICIES OF THE HOUSTON CHESS CLUB. I UNDERSTAND THAT MEMBERSHIP FEES ARE NON-REFUNDABLE.

SIGNATURE: _____ DATE: _____

If applying for a Junior Membership, application must also be signed by a parent. Parent – you are responsible for the behavior of your child and understand that he or she must abide by the rules and policies of the Houston Chess Club.



PARENT'S SIGNATURE: _____

DATE: _____

Please note: the items between the chess pieces are very important.

Thank you for your support! This helps keep the lights turned on and paper in the restrooms.