



MEMBERSHIP APPLICATION

Name: _____ Date _____

Address: _____

Phone: Home _____ Cell: _____

Email: _____ USTA Rating/Skill Level _____

Employer (optional): _____

Type of membership:

Individual

Couple Name of partner in same household _____

Family Name and ages of family members _____

Junior Name and age _____

I am interested in:

USTA League

Senior Tennis

Socials

Ladders

Junior Tennis

Tournaments

Summer Camp

Adult Tennis

Family Events

Volunteering for charity events

My skills and interests are: _____

Referred By _____

Office Use

Membership type _____

Membership # _____

Amount paid _____

Date paid _____

Check # _____

Membership expires _____