



# EASTON RACQUET CLUB

WIMBLEDON LANE □ P.O. BOX 152 □ EASTON □ CONNECTICUT □ 06612

## Winter Paddle Associate Member Application 2018-2019

Date: \_\_\_\_\_

\_\_\_ Dr. \_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Ms.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Years: \_\_\_\_\_

Business Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of time at current address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of time at previous address: \_\_\_\_\_

ERC Member Referral(s): \_\_\_\_\_

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*I the undersigned applicant understand the ERC reserves the right to verify any information that has been provided herein.*

Applicant Signature: \_\_\_\_\_

Please email this application to: [info@eastonracquetclub.com](mailto:info@eastonracquetclub.com) or mail it to  
PO Box 152, Easton, CT 06612

For more information please visit us at our website [eastonracquetclub.com](http://eastonracquetclub.com)