



EASTON RACQUET CLUB

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

Winter Paddle Associate Member Application 2025-2026

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): _____

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

Applicant Signature: _____

Please mail this application, along with a \$50 application fee to:
Easton Racquet Club Membership, PO Box 152, Easton, CT 06612

For more information please visit us at our website eastonracquetclub.com