



EASTON RACQUET CLUB

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

Winter Paddle Associate Member Application 2017-18

Date: _____

Applicant #1 ___ Dr. ___ Mr. ___ Mrs. ___ Ms.

Last Name: _____ First Name: _____ Middle: _____

Birthdate: _____ Cell Phone: _____ E-mail: _____

Employer: _____ Position: _____ Years: _____

Business Address: _____ Bus. Phone: _____

Previous Employer: _____ Position: _____

Applicant #2 ___ 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: _____

Children of Applicant(s):

Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

ERC Member Referral(s):

I/we the undersigned applicant(s) understand the ERC reserves the right to verify any information that has been provided herein.

Applicant #1 Signature: _____

Applicant #2 Signature: _____

Please email this application to: EastonRacquetClub@gmail.com
or send to: Easton Racquet Club, P.O. Box 152, Easton, CT 06612