

EASTON RACQUET CLUB

Provisional Membership Application



PLEASE PRINT

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

Last Name: _____ First Name: _____ Middle: _____

Birth Date: _____ Cell phone: _____ E-mail: _____

Employer: _____ Position: _____ Years: _____

Business Address: _____ Bus. Phone: _____

Previous Employer: _____ Position: _____ Years: _____

Applicant #2: Dr. Mr. Mrs. Ms.

Last Name: _____ First Name: _____ Middle: _____

Birth Date: _____ Cell phone: _____ E-mail: _____

Employer: _____ Position: _____ Years: _____

Business Address: _____ Bus. Phone: _____

Previous Employer: _____ Position: _____ Years: _____

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: _____ Birth Date: _____ Name: _____ Birth Date: _____

Name: _____ Birth Date: _____ Name: _____ Birth Date: _____

Name: _____ Birth Date: _____ Name: _____ Birth Date: _____

In which aspects of Easton Racquet Club are you interested? (Check all that apply)

- | | | | |
|--|--|--|--|
| Men's Tennis: | Women's Tennis: | Junior Tennis: | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Competitive | <input type="checkbox"/> Competitive | <input type="checkbox"/> Competitive | <input type="checkbox"/> Junior Swimming Lessons |
| <input type="checkbox"/> Recreational | <input type="checkbox"/> Recreational | <input type="checkbox"/> Recreational | <input type="checkbox"/> Junior Swim Team |
| <input type="checkbox"/> Instruction/Clinics | <input type="checkbox"/> Instruction/Clinics | <input type="checkbox"/> Instruction/Clinics | <input type="checkbox"/> Family Fun Nights |
| <input type="checkbox"/> Winter Paddle | <input type="checkbox"/> Winter Paddle | <input type="checkbox"/> Winter Paddle | <input type="checkbox"/> Social Events |

Club members with whom you are acquainted: _____

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 mail this application along with the \$250 application fee to:
Easton Racquet Club, P.O. Box 152, Easton, CT 06612

<p>OFFICE USE: Received: _____ Check #: _____</p>
