

APPLICATION FOR MEMBERSHIP

SUMMER 2024

Established 1886

(2024 Outdoor Summer Season Only)

PLEASE PRINT CLEARLY!	Date:	
First Name:	Last Name:	M.I.
riist naile.	Last Name.	IVI.1.
Home Address - No. & Street	City, State:	Zip:
E-mail:		
•		
Home Tel.:	Work Tel.:	Cell:
nome rei.:	work rei.:	Cen:
Occupation:	Company Name:	
Type of Membership:	Level of Play:	
- 7,000 - 1110 - 110 - 1		
Provisional	Beginner/Novice: □	
		
Associate (< age 39) □	Intermediate: □	
- 1000 class (intermediate. 🗆	
Weekday □		
Weekday	Advanced:	
Otrodont (4 and 00) [NTRP Rating:	
Student (< age 22) □	NTAF Rating.	
Referred By:		
<u> </u>		
Payment made today? □	Amount: \$	

Signature: