

**WEEKAPAUG TENNIS CLUB
PO BOX 1264
WESTERLY RHODE ISLAND 02891**

MEMBERSHIP APPLICATION

Date: _____

Please circle membership status

Family or Individual

***Email Address:** _____

NAME: _____

WINTER ADDRESS: _____

* WEEKAPAUG ADDRESS: _____

IN RESIDENCE FROM _____ TO _____

WINTER TEL. NO. _____ SUMMER TEL. NO. _____

NAMES & AGES _____

OF FAMILY MEMBERS _____

UNDER 30 YRS.: _____

SPONSORS: _____

(TWO (2) CLUB _____

MEMBERS REQ'D)

APPLICATION
REC'D BY: _____

TOTAL FEE
(See Schedule): _____

Application for membership to WTC is subject to approval by the membership committee.

PAYMENT REC'D: _____
Yes ___ No ___

*** REQUIRED FIELDS.**