

LOPATCONG TENNIS CLUB - APPLICATION FOR MEMBERSHIP

NAME: _____

ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

TYPE OF MEMBERSHIP: (CHECK ONE)

- | | | |
|-------|--------------------------------|---------|
| _____ | Township Resident (Individual) | \$15.00 |
| _____ | Township Resident (Family) | \$25.00 |
| _____ | Non-Resident (Individual) | \$25.00 |
| _____ | Non-Resident (Family) | \$50.00 |

If family list names of other members of family:

Spouse: _____

Children * (include date of birth):

_____	_____
_____	_____
_____	_____
_____	_____

* Limited to children living at home and still attending school (through undergraduate college).

I understand that this membership can be revoked if, I (or any member of my family) violates the rules of the Lopatcong Tennis facility. I further understand that the Township retains the right to reserve the courts for lessons and special events. I acknowledge receipt of the rules.

Date: _____