



Provisional Membership Application

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

Last Name: _____ First Name: _____ Middle: _____

Birth Date: _____ Cell Phone: _____ Email: _____

Employer: _____ Position: _____ Years: _____

Business Address: _____ Business Phone: _____

Previous Employer: _____ Position: _____ Years: _____

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

Last Name: _____ First Name: _____ Middle: _____

Birth Date: _____ Cell Phone: _____ Email: _____

Employer: _____ Position: _____ Years: _____

Business Address: _____ Business 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: _____

In Which Aspects Of Easton Racquet Club Are You Interested? (Check all that apply)

Men's Racquet

- Competitive
- Recreational
- Instruction/Clinics
- Tennis
- Platform Tennis
- Pickleball

Women's Racquet

- Competitive
- Recreational
- Instruction/Clinics
- Tennis
- Platform Tennis
- Pickleball

Junior Racquet

- Competitive
- Recreational
- Instruction/Clinics
- Tennis
- Platform Tennis
- Pickleball

Other

- Pool
- Junior Swim Lessons
- Junior Swim Team
- Family Fun Nights
- Social Events

Club Members With Whom You Are Acquainted: _____

Please Mail This Application Along With The \$250 Application Fee To:

Easton Racquet Club, P.O. Box 152, Easton, CT 06612

OFFICE USE:

Received: _____

Check #: _____