



P.O. Box 16446 | Hattiesburg, Mississippi 39402 | (601) 268-2098

## Application for Membership

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Tennis Level \_\_\_\_\_

Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_ Tennis Level \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Children - Full Name	Date of Birth	Tennis Level
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Place of Business \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

1<sup>st</sup> Phone \_\_\_\_\_ (his) (hers) 2<sup>nd</sup> Phone \_\_\_\_\_ (his) (hers)

Email Address \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Signatures of Proposers: (not less than three)	Names of Proposers
_____	_____
_____	_____
_____	_____

TO BE COMPLETED BY MEMBERSHIP COMMITTEE

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

\_\_\_\_\_  
Chairman Signature