



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 _____

1st Phone _____ (his) (hers) 2nd 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