



2017 APPLICATION FOR MEMBERSHIP

DATE: _____

Type of Membership: Vested: Family ____ Single ____
 Seasonal: Family ____ Single ____
 Summer Pass: Single Only ____

NAME (in full): _____

E-MAIL ADDRESS: _____

PHONE NUMBERS: WINTER: _____ SUMMER: _____

WINTER ADDRESS: _____

SUMMER ADDRESS: _____

FOR FAMILY MEMBERSHIP:

SPOUSE: _____

CHILDREN: _____

**PLEASE RETURN THIS APPLICATION, WITH YOUR CHECK TO:
South Yarmouth Tennis Club
PO Box 124
South Yarmouth, MA 02664**