## Roxbury Swim and Tennis Club Application for Seasonal Paddle Tennis Membership

TYPE OF MEMBERSHIP (se	lect one):	
□ Family Seasonal I	Paddle Tennis Meml	pership (\$1,100 including 10% CT tax)
☐ Couple Seasonal	Paddle Tennis Mem	bership (\$880 including 10% CT tax)
☐ Single Seasonal P	addle Tennis Memb	ership (\$660 including 10% CT tax)
The following Senior mem	berships require at	least one adult age 65+:
☐ Senior Couple Sea	asonal Paddle Tenni	s Membership (\$660 including 10% CT tax)
☐ Senior Single Sea	sonal Paddle Tennis	Membership (\$550 including 10% CT tax)
Applicant Name(s):		
Street Address:		
City:	State:	Zip Code:
List ALL family members (adul	ts and children under a	ge 25) having the above address.
Adult 1:	E-mail:	Phone:
Adult 2:	E-mail:	Phone:
Child 1:	Bir	thdate:
Child 2:	Bir	thdate:
Child 3:	Bir	thdate:
Child 4:	Bir	thdate:
hild 5: Birthdate:		thdate:
<u> </u>	=	Nord of Mouth Drive-By Club Member Other ir name(s):
I/We hereby apply for a seaso		bership in the Roxbury Swim & Tennis Club Inc.
Signature 1		Signature 2

Email application to: membership@roxburyclub.com

Mail application to: Roxbury Swim & Tennis Club | 240 Roxbury Road | Stamford, CT 06902