

Roxbury Swim and Tennis Club
Application for Seasonal Paddle Tennis Membership
October through April

TYPE OF MEMBERSHIP (select one):

- Family Seasonal Paddle Tennis Membership**
- Single Seasonal Paddle Tennis Membership**

Applicant Name(s): _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____

List ALL family members (adults and children under 26) having the above legal address.

Adult 1: _____ **Employer:** _____ **E-mail:** _____

Adult 2: _____ **Employer:** _____ **E-mail:** _____

Child 1: _____ **Birthdate:** _____

Child 2: _____ **Birthdate:** _____

Child 3: _____ **Birthdate:** _____

Child 4: _____ **Birthdate:** _____

Child 5: _____ **Birthdate:** _____

Child 6: _____ **Birthdate:** _____

Please list 2 sponsoring club members:

If you do not personally know a club member a tour with the General Manager or a Board representative can be arranged.

I/We hereby apply for membership in the Roxbury Swim & Tennis Club Inc.

Signature 1

Signature 2

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