



EAST HAMPTON TENNIS CLUB
178 Montauk Highway • P. O. Box 1018 • East Hampton, New York 11937
membership@ehtc.org

Membership Application

Applicant			
Name:		Date of birth	
Address Line 1:			
Address Line 2:			
City, State ZIP:			
E-mail address:			
Home Phone:		Office Phone:	
Summer Phone:		Cell Phone:	

Type of Membership: Single <input type="checkbox"/> Family <input type="checkbox"/> Junior <input type="checkbox"/>
Term of Membership: Full Summer (May – October) <input type="checkbox"/>

If applying for Family Membership, please provide the details requested below for your spouse/domestic partner and children.

Spouse / Domestic Partner			
Name:		Date of birth	
E-mail address:			
Home Phone:		Office Phone:	
Summer Phone:		Cell Phone:	

Children

Note: Children between the ages of twenty-one (21) and twenty-nine (29) should be listed as "Juniors."

Name	Date of Birth

References

Note: Applications will be considered only when accompanied by a Proposal and a Seconding Letter; both should be submitted via membership@ehc.org

Sponsored by:	
Seconded by:	
Other members you know:	

Signature of Applicant

Date