



SPANISH WELLS CLUB
MEMBERSHIP APPLICATION

Name _____ Date of Birth _____

Address _____

Telephone Number _____ Mailing Address _____

Spouse's Name _____ Handicap H W _____

Children -- Names and Ages (Indicate if still in school)

Spanish Wells Club Members Known by Candidate

Other References (including personal references in H.H. area)

Membership Class Applied for :

Resident Non-Resident Tennis

Signature of Applicant _____ Date _____

Sponsor Signature _____ Telephone No. _____

Sponsor Signature _____ Telephone No. _____

Note: Each " sponsor " is required to submit a letter of recommendation to the Membership Committee.

Approved _____ Date _____

Initiation Fee Paid _____ Date _____