

# Stratford Tennis Club, Inc.

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## APPLICATION FORM

### Junior Membership

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home | Business | Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

By your signature below, you agree that your dues are non-refundable and that you are joining the Stratford Tennis Club entirely at your own risk. Your signature also confirms that you understand and agree to abide by the bylaws of the corporation as amended.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_