



# APPLICATION FOR MEMBERSHIP

SUTTER LAWN TENNIS CLUB  
3951 N STREET, SACRAMENTO, CA 95816  
(916) 451-3336 / FAX (916) 736-9750

DATE: \_\_\_\_\_

I, \_\_\_\_\_

Hereby make application for family membership in the Sutter Lawn Tennis Club, and I herewith submit and deposit the sum of \$750 as a non-refundable deposit which in the event of acceptance to the club will be applied to my initiation fee. I further recognize in the event that for any reason I decide not to accept said membership, I agree to forfeit any right to a refund of said deposit.

HOME ADDRESS, CITY, STATE, ZIP	PLEASE PRINT SPOUSE'S NAME
OCCUPATION	HOME TELEPHONE
E-MAIL	WORK TELEPHONE
CHILD'S NAME	DATE OF BIRTH
CHILD'S NAME	DATE OF BIRTH
CHILD'S NAME	DATE OF BIRTH
CHILD'S NAME	DATE OF BIRTH
SIGNATURE OF SPONSORING MEMBER	SIGNATURE OF SPONSORING MEMBER
PLEASE PRINT NAME OF SPONSORING MEMBER	PLEASE PRINT NAME OF SPONSORING MEMBER

TWO SPONSORING SIGNATURES ARE REQUIRED

## SUTTER LAWN TENNIS CLUB – INFORMATION FOR APPLICANTS AND SPONSORS

An application for membership shall be considered by the board of directors at the first regular board meeting subsequent to its submission. Before final approval of an applicant, the applicant's name will be listed in the club's monthly newsletter and posted on the club bulletin board until the next regular meeting of the board.

CLASS OF MEMBERSHIP	INITIATION FEE	MONTHLY DUES	SNACK BAR MINIMUM
Family Swim & Tennis	\$1,500	\$105	\$7 / month

I prefer monthly statements be (circle one): Mailed or Emailed

\*\* Dues are subject to change by vote of the board of directors.

REV 9/2011