Application For Membership

Sutter Lawn Tennis Club 3951 N Street, Sacramento CA 95816 (916) 451.3336 // Fax (916) 736.9750

SUTTER
 LAWN ENNIS
LUB 1919

Date :____

I,, hereby su	ubmit an application for family membership in the Sutter			
Lawn Tennis Club, and I hereby submit and deposit the sum of \$1750 as a non-refundable deposit which in the e of acceptance to the club will be applied to my initiation fee. I further recognize that, 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			
PRINT NAME OF SPONSORING MEMBER (TWO SPONSORING SIGNATOR)	PRINT NAME OF SPONSORING MEMBER URES ARE REQUIRED)			

SUTTER LAWN TENNIS CLUB - INFORMATION FOR APPLICANTS AND SPONSORS

The 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	\$3500	\$150	\$14/month