



Application for Membership

SUDBURY RIVER TENNIS CLUB, INC.
Box 2044
Framingham, MA 01703

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Email: _____ Date of Birth: _____

Names of those individuals in your family whom you wish to enroll as members:

Name	Date of Birth	Level of Play (A, B, C)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Applicant's Signature: _____

Sponsoring Members (2 Required)

1. _____
2. _____

Incomplete applications will be returned.

Send Application to: Donna Paruti, 224 Warren Road, Framingham, MA 01702