

APPLICATION FOR ASSOCIATE MEMBERSHIP THE TENNIS COOP, INC.

Date:_____

The contact information below will be included in the membership roster which is only accessible to Coop members:

Name:_____

Address:_____

Home Phone:_____ Cell/Work Phone:_____

Email:_____

COMPLETE FOR FAMILY MEMBERSHIP:

Spouse/Partner Member Name:_____

Cell/Work Phone:_____ Email:_____

Check Appropriate Membership Category:

Annual Membership October 1-September 30th. Fees may be prorated for anyone who joins after October 31st.

___Family Associate (Spouse/Civil Union/Children under 18) = \$1,550.00

___Single Associate = \$1,200.00

___Family Seasonal Associate- (April 15-September 30) = \$ 600.00

___Single Seasonal Associate = \$ 450.00

REQUIRED:

___ I/We have received the rules and bylaws for the Tennis Coop and agree to adhere to all requirements.

Please mail the following to complete the process:

1. Application—a *checkbox must be checked to process application*
2. Membership dues
3. Key deposit (\$25.00 for 1 key and \$50 for 2 keys)

Membership Chair
Madbury Tennis Coop
26 Garrison Lane,
Madbury, NH 03823 or

Scan to coop.membership@yahoo.com

Make checks payable to “The Tennis Coop”

Upon receipt of your application, membership dues, and key deposit. We will give you instructions, a membership roster, and your key(s).