



Sharon Tennis Club

2024 Membership Application

(see p.2 for membership rates and mailing address for checks)

New Member: Renewing Member: (check one)

Membership Type: (check one)

Individual
Family
Junior

Name: _____

Address: _____

Email: _____ Telephone: _____

Year first joined STC: _____ (opt) DOB year: _____ (opt)

List in Directory? (Y/N) (only name, email and town will be listed. Accessible only by members)

If Family membership, please provide the following info for each additional family member:

Name	Tel (opt)	email (opt)	DOB yr	List in Dir?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you are a new member, how did you hear about STC? (If referral, name of member):

Signature: _____

2024 Membership Rates:

Individual: \$215
Family: \$260
Junior: \$150

Late Fee: After May1, there will be a \$30 late fee for all returning members.

If paying by check, please make out to **Sharon Tennis Club**

Mail with membership form to:

Sharon Tennis Club
PO Box 384
Sharon, MA 02067