MEMBERSHIP FORM				
Name:				
Address:				0
City:	State:	State:		Zip Code:
Phone:		Email:		
		DUES		
Adult \$95	First Year \$60 _	Sr. \$8	30	Student \$45
LEAGUE INFORMATION				
P	minimum of four an Players may be listed limit on subs (any	d on only one rost	er per leag	
Tuesday Men's Senior	Tea	Team Name:		
Tuesday Mixed	Tear	Team Name:		
Wednesday Ladies	Tear	Team Name:		
Thursday Men's	Tear	m Name:		
Signature of applicant:				Data
Signature of applicant:				Date: