



FAIRHAVEN TENNIS ASSOCIATION



2019 Member Registration Form

Name: _____

Phone #: _____ Cell #: _____

E-Mail Address: _____

Mailing Address: _____

Referred by: _____

Membership Fee	_____ Youth (21 and under or if enrolled in college) \$15	_____ Family (4 or more) \$60 <i>(please fill out a separate form for each and mail in together)</i>
	_____ Adult \$30	_____ Supporting Member \$15 <i>(non match player)</i>

Please check your age group: _____ Under 18 _____ 18 – 30 _____ 31 – 49 _____ 50 or older

MATCH PLAY: Please indicate the best times for you to play *(check as many as you wish)*.

_____ Saturday mornings _____ Sunday mornings _____ Weekday mornings

_____ Mon. evenings _____ Tues. evenings _____ Wed. evenings _____ Thurs. evenings

Please select your NTRP Rating: (If you don't know, please use the NTRP guide at the bottom of the Membership Application page on our website: www.fairhaventennis.org)

___ 1.0 ___ 1.5 ___ 2.0 ___ 2.5 ___ 3.0 ___ 3.5 ___ 4.0 ___ 4.5 ___ 5.0 ___ 5.5 ___ 6.0

We welcome any donations which will be used to support court repairs and enhancements.

Membership Fee: \$ _____

Visit our website: www.fairhaventennis.org for FAQ

Donation: \$ _____

Note: Dues must be paid before matches are played

Total Enclosed: \$ _____

Please mail this completed form and a check payable to: "Fairhaven Tennis Association" to:

Nancy Foster
444 Dana Farms
Fairhaven, MA 02719