

**Live Oaks Tennis Association**  
**REQUEST FOR MEMBERSHIP**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Residence Street Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Fax: \_\_\_\_\_

Number of years you have played tennis: \_\_\_\_\_

Rate your ability (A, B, C, etc. or 4.5, 4.0, 3.5, 3.0) \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Does spouse play tennis: \_\_\_\_\_ Rate spouse's tennis ability: \_\_\_\_\_

Children's names and ages: \_\_\_\_\_

Please submit this form together with letters of recommendation from two sponsors and the application fee of \$100.00 that will apply toward your membership initiation fee (\$1,250). This \$100 fee is not refundable.

Signature of applicant: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Co-Sponsor: \_\_\_\_\_

Members of Live Oaks with whom you are acquainted in addition to sponsors:

\_\_\_\_\_  
\_\_\_\_\_

Please submit form to Live Oaks Tennis, P.O. Box 246, South Pasadena, CA 91031

Our Membership Chairman will contact you.