

Live Oaks Tennis Association

REQUEST FOR MEMBERSHIP

Date: _____

Name: _____

Email address: _____

Residence Street Address: _____

City: _____ ZIP Code: _____

Home Phone: _____ Mbl Phone: _____

Occupation: _____

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/emails of recommendation from two sponsors and the application fee of \$250.00 that will apply toward your membership initiation fee (\$1,250). This \$250 fee is not refundable.

Form, check, & 2 recommendations MUST be submitted to be added to the wait list

Sponsor: _____

Co-Sponsor: _____

Other members you are acquainted with: _____

Please submit application via email: LiveOaksBOD@gmail.com Subject: New Membership

Please submit check to: LOTA, PO box 246, South Pasadena, CA 91031-0246