



The West Side Tennis Club

One Tennis Place, Forest Hills, NY 11375

Email: membership@foresthillstennis.com

Web Site: www.foresthillstennis.com

Have you played Forest Hills?

Proposal for Membership

Email this completed form to membership@foresthillstennis.com
or Fax to 718-268-2230. The Sales Department of the club will contact you.

NAME OF CANDIDATE:

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ADDRESS:

.....

.....

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PHONE:

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EMAIL ADDRESS:

.....

NAME OF SPOUSE:

.....

NAME(S) & AGE(S) OF CHILDREN:

.....

NAME OF THE PERSON WHO
INTRODUCED YOU TO WSTC

.....

BACKGROUND INFORMATION

DATE OF BIRTH: ___ Single, Widowed or Divorced ___ Married ___

IS SPOUSE A MEMBER? YES ___ NO ___

IS SPOUSE APPLYING FOR MEMBERSHIP? YES ___ NO ___

EDUCATION: HIGH SCHOOL _____ YEAR OF _____ GRADUATION _____

COLLEGE: _____ YEAR OF GRADUATION ___

SPORTS AND OTHER ACTIVITIES:

EMPLOYER NAME

JOB TITLE/DESCRIPTION:

If elected for membership, where would you like your Club mail sent?

Home ___ Business ___ Email ___ Reg. Mail ___

GENERAL

How did you hear about The West Side Tennis Club?

Which of the following activities might interest you?

Tennis Clinics _____	Committee Work _____	Bridge _____
Tennis Lessons _____	Restaurant _____	Backgammon _____
Tennis Tournaments _____	Social Functions _____	Chess Club _____
Tennis Ladder _____	Swimming _____	Book Club _____
Platform Tennis _____	Junior Development _____	Other _____

Other Clubs in which you are, or have been affiliated with:

Candidate's Signature _____

Date of Application: _____



CATEGORY OF MEMBERSHIP

Check applicable category and/or sub-category. Check all that apply.

<input type="checkbox"/> Playing <input type="checkbox"/> Class A (age 31 and over) <input type="checkbox"/> Class B (19- 30 years of age inclusive) <input type="checkbox"/> WSTC Junior	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Family	Pool Privileges (yes/no) _____
<input type="checkbox"/> Non – Playing	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Family	Pool Privileges (yes/no) _____
<input type="checkbox"/> Non - Resident	<input type="checkbox"/> Single Parent Family Junior <input type="checkbox"/> Family Junior <input type="checkbox"/> WSTC Junior	Pool Privileges (yes/no) _____

Members

The West Side Tennis Club is firmly committed to the concept of equal opportunity and the development of strength as a Club through our diversity. The Club is also an equal opportunity employer. It does not discriminate on the basis of race, religion, color sex, age, sexual orientation, national origin or disability with respect to eligibility for membership in, or employment by, the Club.

FOR CLUB USE ONLY

Name of Candidate: _____

6 Signatures needed (Minimum of 2 in each category)

BOARD OF GOVERNORS:

MEMBERSHIP COMMITTEE:

Date Acted Upon By Membership Committee: _____ Action: _____

Chairperson, Membership Committee: _____

Date Acted Upon By Board of Governors: _____ Action: _____

<p>Office Use Only:</p> <p>Audit #: _____</p> <p>Date application received from member: _____</p> <p>Approved by Board of Governors on: _____</p> <p>Date entered in Jonas: _____</p> <p>Membership Start Date: _____</p>	<p>Due with application:</p> <p>Dues: \$ _____</p> <p>Initiation: \$ _____</p> <p>Pool: \$ _____</p> <p>Tax: \$ _____</p> <p>Total: \$ =====</p> <p>Referred to WSTC by: </p>
<p>1st Follow-up Call Made on: _____ By: _____</p>	
<p>2nd Follow-up Call Made on: _____ By: _____</p>	