

LONG -TERM MEMBERSHIP APPLICATION

Please download, print, and submit to:

The Toledo Tennis Club P O Box 352573 Toledo Obio 43635-2573 (Check payable to: Toledo Tennis Club)

*If paying by Credit Card, please email info to:

the.toledo.tennis.club@gmail.com

iotedo, Offio 43633	-2373	the.totedo.tem	is.ctub@gmait.com	
Name:				
e-mail address:				
Spouse/Partner's na	me (<u>if also joining</u>):		
e-mail address:				
Address:				
City:		State:	Zip code:	
Phone Numbers: Ple	ase include ONLY	numbers where	e you can be reached.	
Self:	f:		Spouse/Partner (if joining)	
Home:		Home:		
Cell:		_		
Office:				
Membership Categ the full amount.	ories: Please marl	k the appropriat	e category and include a check for	
The 1885 TTC Lifetii	ne Membership			
Family	\$15,000 (includes children until they have reached the age of 22)			
Couple				
Individual	\$10,000			
The Bill Rathbun 10	-Year Membershi	р		
Family	\$9,000 (includes children until they have reached the age of 22)			
Couple	\$8,000			
Individual	\$6,000			
The Carol Heidtma	n 5-Year Members	ship		
Family	\$5,000 (includes children until they have reached the age of 22)			
Couple	\$4,500		·	
Individual	\$3,250			