

Seaview Association Tennis

Application for Membership

Name _____

Seaview Address _____ Seaview Telephone _____

Permanent Residence _____

Permanent Residence Tel. # (____) _____ Business Tel. # (____) _____

Fax:# (____) _____ Fax:#(____) _____

Owner _____ Renter _____ If renter, name of homeowner _____

Owner is paid member of Seaview Assn. Yes _____ No _____ Don't Know _____

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 Please list each player individually, indicating type of membership requested.
 (You may refer to our website for membership categories and fee schedule)

Name of Player	Days of Play	Circle Membership Category	Partial Season	Fee
	Weekend ___ Weekday ___	1 2 3 4 5 6 7 8	July ___ August ___	\$
	Weekend ___ Weekday ___	1 2 3 4 5 6 7 8	July ___ August ___	\$
	Weekend ___ Weekday ___	1 2 3 4 5 6 7 8	July ___ August ___	\$
	Weekend ___ Weekday ___	1 2 3 4 5 6 7 8	July ___ August ___	\$
			Total:	\$

Please enclose your check, payable to SEAVIEW TENNIS, for the total fees indicated above. Send check, completed application, and scheduling forms by May 26th to:

Alan Dunst, Chairman
 Seaview Tennis
 8 Wooley's Lane , Apt. B-30
 Great Neck, NY 11023

I understand that the SEAVIEW TENNIS rules and regulations do not allow group renters as members. I certify that (a) I am not renting to group renters; (b) I am not a group renter; and (c) I agree to comply with all of the rules and regulations of SEAVIEW TENNIS.

Signature of Applicant _____ Date _____