



Morristown Field Club

Applicant Name: _____

Sponsor: _____

Secunder: _____

Membership Type: ____ Family ____ Single ____ Junior

Only fill in Spouse info for Family membership.

Name: _____

Spouse's Name: _____

Address: _____

Address: _____

City: _____ State: ____ Zip: _____

City: _____ State: ____ Zip: _____

Email: _____

Email: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Year Born: _____

Year Born: _____

Tennis player: Yes No Level: _____

Tennis player: Yes No Level: _____

Like to Play: ____ Singles ____ Doubles ____ Both

Like to Play: ____ Singles ____ Doubles ____ Both

Paddle Player Yes No Level: _____

Paddle Player Yes No Level: _____

Plan to participate on a Paddle team: Yes No

Plan to participate on a Paddle team: Yes No

Plan to participate on a Tennis team: Yes No

Plan to participate on a Tennis team: Yes No

Occupation

Occupation

Title: _____

Title: _____

Employer: _____

Employer: _____

Business Address: _____

Business Address: _____

City: _____ State: ____ Zip: _____

City: _____ State: ____ Zip: _____

Business Phone: _____

Business Phone: _____

Only fill in for Family membership.

Children

Children

Name: _____

Name: _____

Sex: ____ M ____ F Year Born: _____

Sex: ____ M ____ F Year Born: _____

Name: _____

Name: _____

Sex: ____ M ____ F Year Born: _____

Sex: ____ M ____ F Year Born: _____

I am interested in information about children's tennis programs ____ Yes ____ No

Please answer the following question to help keep the Club's insurance premiums low. Your answer will not impact your membership application in any way.

In the event of an accident are you covered under a health insurance plan? ____ yes ____ no

Please mail your completed application along with a check for \$500 payable to the Morristown Field Club
Box 166, Madison, NJ 07940 Tel 973-532-2251 www.morristownfieldclub.com