

2009
MEMBERSHIP APPLICATION



*You are invited to become a member of the Friends of Tennis and
toparticipate in the growth and enrichment of tennis in our community*

Name _____

Address _____

City/State/Zip _____

Telephone _____ E-mail _____

Where do you primarily play? _____

*An Adult Membership is \$10 / A Junior Membership (under 19) is \$5
Mail to: Friends of Tennis / 79 Longview Way / Palm Coast, Florida 32137*

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE
DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION
DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.
REGISTRATION NUMBER CH21106