



2017 MEMBERSHIP APPLICATION FORM



Last Name _____ First Name(s) _____

Address _____ City _____ Zip _____

Contact number(s): _____

E-mail address _____

Family Membership \$35

Single Membership \$25

___ Put me on "Call List" for anyone needing a partner.

I would be willing to help with _____

Ask me when needed

Please make checks payable to
BROOKFIELD TENNIS CLUB

Send to: **Gretchen Augustin, Registrar**

14735 W. Hyland Drive

Brookfield, WI 53005

(414) 840-4248



brookfieldtennisclub@gmail.com