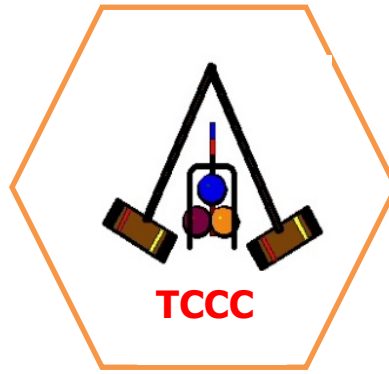


Tega Cay Croquet Club

Mailing Address:
TCCC
c/o Harry Barnes, Treasurer
1104 Palmyra Dr.
Tega Cay, SC 29708



Website: www.tegacaycroquet.com

Application for Annual Membership
(Club fiscal year is from October 1 to September 30.)

I am applying for the following type of annual membership:

___ **Adult** (Ages 19 and older)

___ **Junior** (Ages 8 to 18) *TCCC* Family Member: _____
(Parent or Grandparent)

By my signature below, I hereby apply for membership in the *Tega Cay Croquet Club*. As an Annual Member of the *TCCC*, I agree to conform to, be bound by, and adhere to the General Rules of the *Tega Cay Croquet Club*.

Name: _____ Date _____ DOB (for Juniors only) _____

Parent or Guardian (if age 8 to 18): _____ Date _____

Member Contact Information: (please print)

Name: _____

Home Address: _____

City/State/Zip Code: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

If you would like to join, fill out and send this Membership Application and a check for first year's dues to the address above or give to any TCCC Board Member. If you have questions about the *Tega Cay Croquet Club* (*TCCC*), contact Barbara Williams at Phone: (803) 447-7456 or E-mail: Williams.barbara51@yahoo.com . For further information about the Tega Cay Croquet Club, visit our website at www.tegacaycroquet.com.

Revised 10/01/2020