

Logan Tennis Club, Inc.

Application for Membership

Fourth and High Ave, Elkins Park, PA 19027

Telephone (215) 782-9933

Date _____

Full Name _____

Home Address _____

Home Telephone _____

Cell Phone _____ Work Phone _____

Occupation _____ Age _____

Spouse's Name _____

Email _____

I (have/have not) previously been a member of Logan Tennis Club.

If previously a member, I was a (junior/adult)

Last year of membership _____

NTRP Rating _____

Other previous club affiliation, if any _____

Sponsor _____

I hereby apply for admission as a member of Logan Tennis Club, Inc., and agree that, if admitted to membership, I will abide by the BY-Laws and by all regulations and conditions applicable to the use of the facilities of the Club.

Signature of Applicant

Return application form to:

Howard Siegal

c/o Siegal & Drossner, PC

300 Yorktown Plaza

Elkins Park, PA 19027

Phone: 215-517-5600 Fax: 215-517-5610

hsiegal@siegaldrossner.com

Disposition of Committee _____