



Membership Application

Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Employer: _____

Emergency Contact:

Name & Relationship: _____

Phone: _____

Level of Play:(A/B/C/D) _____ **Or US Squash Rating:** _____

Initiation Fee:

Individual Membership: \$400

Family Membership (One Fee per Family): \$400

Dues are paid Quarterly: \$225 for men; \$180 for women.

Fee and Dues are to be paid upon acceptance for Membership.