

Live Oaks Tennis Association

REQUEST FOR MEMBERSHIP

Date: _____

Name: _____

Email address: _____

Residence Street Address: _____

City: _____ ZIP Code: _____

Home Phone: _____ Mobile Phone: _____

Occupation: _____

Number of years you have played tennis: _____

Rate your ability (A, B, C, etc. or 4.5, 4.0, 3.5, 3.0) _____

Spouse's name: _____

Does spouse play tennis: _____ Rate spouse's tennis ability: _____

Children's names and ages: _____

Please submit this form together with letters/emails of recommendation from two sponsors and the application fee of **\$350** that will apply toward your membership initiation fee (**\$1,500**). This \$350 fee is **non-refundable**. The membership form, check, & two letters of recommendations **MUST** be submitted to be added to the wait list.

Sponsor: _____

Co-Sponsor: _____

Other members you are acquainted with: _____

Please submit application materials **via email** to membership@liveoakstennis.com with the subject heading "New Membership". Please submit check to:

LOTA
PO Box 246
South Pasadena, CA
91031-0246