

CITY PARK TENNIS CLUB
City Park
P.O. Box 19022
New Orleans, LA 70179-0022

Date _____

Name _____

Mailing Address _____
including zip code _____

e-mail address _____ date of birth _____

home phone _____ business phone _____

cell phone _____

Tennis experience _____
(include NTRP rating if known)

I understand that I must meet certain standards of play as determined by the club Grounds Committee. If my membership is approved by the Executive Committee I agree to abide by the rules and by-laws of the City Park Tennis Club.

Signature of Applicant

Signature of Grounds Committee member

Date

Applicant notified _____
Date

Payment received _____
Date

Placed on mailing list _____
Date

Do not send money with this application. Dues are \$300 per year (July 1 – June 30). A prorated amount can be paid by a new member who joins between August 1 and May 15. Dues will be collected upon acceptance into the club.

If you have any questions e-mail City Park Tennis Club at: cptcno@gmail.com.