



WASHINGTON CLUB TRIAL GOLF &/or TENNIS MEMBERSHIP APPLICATION

Date: _____

Select a section(s): Golf Trial Individual Golf Trial Family Tennis Trial Individual Tennis Trial Family

Name of Applicant(s): _____

First and last name(s) of both spouses, members of a couple or individual

If already a Club Member, Membership Number: _____

Name(s) and Birth Date(s) of Children for Family Trial Membership (under 23 as of March 1):

_____ Birth Date: _____

_____ Birth Date: _____

_____ Birth Date: _____

Local Address:

Street / PO Box: _____

City, State, Zip: _____

Other Residential Address: _____

Occupation or professional status of applicant(s):

Business Address(s): _____

Communication:

Applicant 1 or Individual: Email: _____ Mobile Phone: _____

Applicant 2 : Email: _____ Mobile Phone: _____

Select Where to Receive Club Bills (check one):

Email Spouse 1: _____ Email Spouse 2: _____ Email Other: _____

How did you learn about the Washington Club? _____

If introduced by a member, please provide member's name: _____

Submit completed application to membership@washingtonclub.net or mail to:

Washington Club
PO Box 400
Washington Depot, CT 06794

Questions – contact Emily FitzHugh at membership@washingtonclub.net

The Golf and Tennis Committees reserve the right to deny or revoke a trial membership.

Jan 2024