LINCOLN HILLS TENNIS GROUP - 2025 · Membership Application Dues are only \$20.00 per person/year! Mail your application and checks made out to LHTG to: LHTG P.O. BOX 1535 Lincoln, CA 95648

Player/Voting Member (20 00/year)

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New Member	Renewing member	Referred by	
Applicant's Name:		Home/Cell Phone:	<u>—</u>
Email Address:		NTPR/USTA Rating:	<u> </u>
Address:		Lincoln, CA 95648	
Gender: Male	Female		
How often do you p	olay tennis?		
Interests: Gene	ral Play Doubles	Singles Clinics/Lessons	
USTA/SATA	Leagues Weekdays _	Weekends	
How often do you a	attend board meetings?		
Are you interested	in being part of the LHTG B	Board of Directors? Yes No	
Are you interested	in volunteering for a LHTG	Committee and/or event staff? Yes	No
On a scale from 1–membership?	` •	10 being satisfied), how satisfied are yo	ou with your
Please explain:			
		LHTG events?	
What is your favorit	te event?		
What types of even	nts would you like to see? _		
Additional Info:			
Note: By submitting Hills Tennis Group.	, , , , , , , , , , , , , , , , , , , ,	tion, you agree to receive corresponder	nce from Lincoln
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