



Membership Application

Name

Occupation

Address

Phone

Email

Spouse

Name(s) of child(ren) with birth date

Names of two current members (optional)

PLEASE NOTE: DUES ARE SUBJECT TO CHANGE.

Please return this application with a non-refundable application fee of \$50 to:

Kendbrin Swim & Tennis Club P.O. Box 281 Barrington, RI 02806

All applicants will be notified of the disposition of application and further details.