



Player Membership Application

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (Home) _____ (Work) _____

(Cell) _____ (Fax) _____

Email Address _____

U.S. Citizen: Yes _____ No _____ Nationality _____

Sex: Male _____ Female _____

Current Goal Rating: _____ Outdoor _____ Indoor

Membership in other Polo Clubs:

1. _____

2. _____

Names of three (3) U.S.P.A. players who have observed applicant play:

Name	Phone
------	-------

1. _____	_____
----------	-------

2. _____	_____
----------	-------

3. _____	_____
----------	-------

I hereby apply for membership in the Sarasota Polo Club. If accepted, I agree to abide by the rules and regulations of the Club.

Signed _____ Date _____

Accepted this _____ day of _____, 20____.

_____ Approved _____ Not Approved

By: _____ Date: _____

_____ Date: _____