



2009 Application for Membership

Please print out and complete this form and mail it along with your check to:
The Block Island Club, P.O. Box 147, Block Island, RI 02807-0147

Last name of applicant _____ First name _____

Last name of spouse (if different) _____ First name _____

BI phone number _____ BI P.O. Box _____

Off season address _____

Off season phone number _____

Mother's Email* _____ Father's Email* _____

Mother's Cell phone** _____ Father's Cell phone** _____

* Providing your email assures that you will receive all future communication. ** Cell phones are for emergency contact only.

Membership Category

(see following pages for descriptions)

- Family, Regular Full Season Rate: \$700
- Family, Four Weeks \$575 Dates: _____ to _____
- Family, Two Weeks \$475 Dates: _____ to _____
- Island Package \$250
- Individual Adult Membership \$450
- Social Membership (Clubhouse only) \$150

Membership Fees

Membership Fee \$ _____

Annual Fund Contribution \$ _____

Boat Storage Fee \$ _____

Total Due \$ _____ *

**Please include a check for this amount along with the completed application form.*

Children's names and dates of birth

1. _____
2. _____
3. _____
4. _____
5. _____

For any child, is there any medical issue, allergy or medication of which we should be aware?

Please include me in the following directories:

- Tennis Name: _____
- Thursday Races Name: _____
- Pass-word protected on-line membership
This directory would include your name, children's names, addresses, home phones and emails.