



FLEMINGTON TENNIS CLUB, INC.

2026 MEMBERSHIP RENEWAL FORM

e-mail: flemingtontennisclub@gmail.com website: www.flemingtontennis.org

NAME: _____ SPOUSE(if member): _____

PHONE #: _____ SPOUSE #: _____

EMAIL: _____ SPOUSE EMAIL: _____

2026 Membership Fees	If paid on or BEFORE March 31, 2026	If paid AFTER March 31, 2026
Adult Single Membership	\$425	\$475
Family Membership	\$525	\$575
Voluntary Donation to the Capital Improvement Fund (used for large capital improvements: for example, repair or improvements to irrigation system, laser leveling of courts, fence repairs, etc.)	\$ _____	

Make checks payable to Flemington Tennis Club, Inc. and either bring it to the 2026 Annual Meeting or mail it to:

**Flemington Tennis Club
c/o John McCune
4 Wood Rd
Pittstown, NJ 08867**

VOLUNTEERS NEEDED

As a completely volunteer organization, we rely on our members to assist with all aspects of the Club: administration, social events, and especially maintenance of the tennis courts. We encourage everyone to sign up to assist in some way.

I am willing to help with:

_____ court maintenance (mowing, light repairs, general clean up)

_____ membership committee (recruitment, new member orientations)

_____ social committee (planning social events, organizing tournaments)

_____ social media (maintaining the Club's social media presence)

_____ board member (President, Vice President, Secretary, Treasurer, Groundskeeper)



FLEMINGTON TENNIS CLUB, INC.

MEMBER RATING AND PREFERENCE FORM

To facilitate member to member contact we would like to include additional information about your tennis game on the Member Roster. Kindly complete this Member Rating and Preference form and return it with your Application for Membership and annual membership payment to: Flemington Tennis Club, Inc., c/o John McCune, 4 Wood Rd, Pittstown, NJ 08867

Member Name: _____

Tennis Rating (see below rating guidelines): _____

Age (optional): _____ Sex: Male ___ Female ___

Play Preference (check all that apply): Singles ___ Doubles ___ Mixed Doubles ___

Best time to play (check all that apply): Weekdays ___ Weeknights ___ Weekends ___

Member Name: _____

Tennis Rating (see below rating guidelines): _____

Age (optional): _____ Sex: Male ___ Female ___

Play Preference (check all that apply): Singles ___ Doubles ___ Mixed Doubles ___

Best time to play (check all that apply): Weekdays ___ Weeknights ___ Weekends ___

* Please attach a separate sheet with information for other family members.

Member Tennis Rating Guidelines:

2.0-2.5 Beginner/Advanced Beginner: Players with very little experience. Player can sustain a short rally of slow pace with other players of the same ability.

3.0 Intermediate: Players with some tennis instruction and experience. Player is fairly consistent with hitting medium paced shots. Player not comfortable with all strokes and lacks control, depth and power consistency. Most common doubles formation is one-up, one-back.

3.5 Intermediate Plus: Players with tennis instruction and considerable playing experience. Player has stroke dependability and directional control but lacks depth and variety. Player exhibits more aggressive net play and good court coverage.

4.0+ Advanced: Players with considerable playing experience and experience at a competitive level. Player has stroke dependability, including both directional and depth control on both forehand and backhand side on moderate-paced shots. Player exhibits aggressive net play and strong court coverage. Consistently uses lobs, overheads, approach shots and volleys with success and can force errors when serving.