



FOR OFFICE USE ONLY

Membership Form

You are also welcome to join online at www.stms.nl.

Name in Full: _____ Title: _____

Date of Birth: ____/____/____ Male Female

Office Address: _____

City: _____ State: _____ Zip: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Preferred Mailing Address: Office Home Country: _____

Office Phone: _____ Office Fax: _____

Fax Number: _____ Email: _____

EDUCATION: INSTITUTION/PROGRAM - CITY/STATE - DEGREE - GRADUATION DATE/LEVEL OF TRAINING

Institution/Program: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Year: _____ Level of Training: _____

Medical Doctor Ph.D Physiotherapist Athletic Trainer Tennis Enthusiast

Payment Options

Membership Dues are \$175 annually or Three Years at \$500

(* Students pay a discounted membership fee (US \$100))

\$175 (Annual) \$500 (Three Years)

Check/Money Orders – **Make Payable to Society for Tennis Medicine and Science**

Signature of Applicant: _____ **Date:** _____

Mail to: STMS Membership
attn. Bill Durney
1927 Bridgepointe Pkwy, Unit L117
San Mateo, CA 94404

Be sure to enclose check or money order and thank you for your support of STMS!!!