



## 2021 MEMBERSHIP APPLICATION

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

CELL PHN: \_\_\_\_\_ CLUB CORP MEMBER: Y N

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\* ANNUAL MEMBERSHIP FEE: \$25.00/PERSON, \$45.00-FAMILY\*\*\*

\*\*\* CASH/CHECK – MADE OUT TO PTC-FAYETTE PICKLEBALL \*\*\*

MAIL TO- PTC-FAYETTE PICKLEBALL, 311 KENSINGTON DR., PEACHTREE CITY, GA 30269

INTERESTED IN WORKING ON A COMMITTEE:

TOURNAMENT \_\_\_\_\_ SOCIAL \_\_\_\_\_ PROMOTIONAL \_\_\_\_\_

THANK YOU FOR BECOMING A MEMBER

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CLUB USE ONLY

AMOUNT PAID: \_\_\_\_\_ DATE PAID: \_\_\_\_\_ RCVD. BY: \_\_\_\_\_