

PICKLEBALL CLUB MEMBERSHIP APPLICATION

NAME	
E-MAIL	
PHONE	
DATE OF BIRTH mm/dd/yyy	
NAME	
E-MAIL (If different from above)	
PHONE (If different from above)	
DATE OF BIRTH mm/dd/yyyy	

Instructions:

- Dues are \$10 per year per person for January through December
- Please complete the form. Please use only one form per family
- Please pay by check, no cash. Check is to made out to: SCGCC Pickleball Club
- A single check may be used for the family applications.

Please take your check and application in an envelope to the Horizon Center Activities office and place them in the Pickleball Club Mail Box.

If your Phone number and/or e-mail address change please notify the Club Secretary.