

Eagle River Pickleball Association

Membership Application

Please print and complete this form, then mail it with a check* for your membership dues to:

Eagle River Pickleball Association, PO Box 1293, Eagle River, WI 54521.

Please do not send cash.

Date: _____

Type of membership (check one):

_____ Individual _____ Couple
(\$20 per year) (\$35 per year)

Name (Person 1) _____

Name (Person 2) _____

E-mail address (Person 1)

E-mail address (Person 2)

*We ask that yearly membership payments be submitted after April 1st of each year. If you send it in earlier, your check **will not** be cashed until after April 1st.