

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, % Incredible Bank, P.O. Box 2350,
Eagle River, WI 54521.**

You can also drop it off right at the bank, it's across the street from the Kwik Trip.

Please submit your payment after April 1st.

Please DO NOT send cash or place it in the box at the court.

Date: _____

Type of membership (check one): **Returning Member** **New Member**
_____ Individual _____ Couple
(\$20 per year) (\$35 per year)

Name (Person 1) _____

Name (Person 2) _____

Contact phone number _____

E-mail address (Person 1)

E-mail address (Person 2)

Please be sure to add your email address(es). We want to make sure we have the correct one on file.