

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
(\$20 per year)

_____ Couple
(\$35 per year)

Name: _____

Name: _____
(only if "couple" membership)

Local address:

Line 1: _____

Line 2: _____

City, State, ZIP _____

Township: _____

Winter address (if other than local address):

Line 1: _____

Line 2: _____

City, State, ZIP _____

Home phone: _____

Cell phone: _____

E-mail address: _____

Months available to play in Eagle River:

_____ January	_____ May	_____ September
_____ February	_____ June	_____ October
_____ March	_____ July	_____ November
_____ April	_____ August	_____ December