

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 (Person 1): _____

Name (Person 2): _____

Local address:

Line 1: _____

Line 2: _____

City, State, ZIP _____

Winter address (if other than local address):

Line 1: _____

Line 2: _____

City, State, ZIP _____

Phone (Person 1): _____

Phone (Person 2): _____

E-mail address (Person 1)

E-mail address (Person 2)

PLEASE
PRINT
LEGIBLY