

The Grand Rapids Pickleball Club

Membership for 2017



_____ **Renewal** _____ **New**

Date: _____

Last name: _____ **First Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Birthdate: ___ / ___ / ___ **Gender:** M F

Home phone: _____ - _____ - _____

Cell phone: _____ - _____ - _____

Primary e-mail address _____

Emergency contact person _____

Phone: _____

Membership type: **Single** _____ **Family** _____

Family members:

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

Rates: Single-1 year= \$20.00, 3 year=\$53.00 **Amount enclosed:**

Family-1 year= \$30.00 3 year=\$79.00 \$ _____

Make payment to: Grand Rapids Pickleball and mail to:

David Boyd

Your signature below please

597 Lincoln Lawns Dr. NW

Grand Rapids, MI 49534
