



## OFFICIAL MEMBERSHIP APPLICATION

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PLEASE PRINT CLEARLY.  
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DATE: \_\_\_ / \_\_\_ / \_\_\_ IS THIS A NEW \_\_\_ or a RENEWAL \_\_\_ MEMBERSHIP?  
(dd / mm / yyyy)

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ M \_\_\_ F \_\_\_

Street Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Birthdate: \_\_\_ / \_\_\_ / \_\_\_ Phone: \_\_\_ - \_\_\_  
(optional) (dd / mm / yyyy)      ###      ### ####

Email Address: \_\_\_\_\_

### **MEMBERSHIP FEES (Effec May 1/11) - PLEASE CHECK THE APPROPRIATE OPTION**

*	<u>Term</u>	<u>Fee</u>
_____	<b>1 Year Membership</b>	<b>\$12.00</b>
_____	<b>3 Year Membership</b>	<b>\$32.00</b>

Please allow 4 to 6 weeks for processing.

**PLEASE FORWARD THE COMPLETED FORM WITH CHEQUE TO:**

**PICKLEBALL CANADA P.O. BOX 26115, WESTBANK, BC, V4T 2G3**

Are you interested in promoting pickleball in your area? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have any questions please go to our website at **[pickleballcanada.org](http://pickleballcanada.org)**.