



DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

SPOUSE NAME \_\_\_\_\_

CELL #: \_\_\_\_\_ SPOUSE CELL #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SPOUSE EMAIL ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MEMBERSHIP FEE (make check out to "PTC-Fayette Pickleball")

(check one): Single (\$25) New \_\_\_\_\_ Renew \_\_\_\_\_ Family (\$45) New: \_\_\_\_\_ Renew \_\_\_\_\_

INVITED MEMBER (check one): YES \_\_\_\_\_ NO \_\_\_\_\_

SKILL LEVEL (check one):

Beginner \_\_\_\_\_ Advanced Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

**Mail Check, Membership form, & Release of Liability form to:**

PTC-Fayette Pickleball Association  
312 Crosstown Road #203  
Peachtree City, GA 30269

**THANK YOU FOR YOUR MEMBERSHIP!**