

Central Texas Tennis Association

MEMBERSHIP APPLICATION

NAME:

GENDER: M or F

(LAST)

(FIRST)

(MIDDLE)

DOB: _____

MAILING ADDRESS:

(STREET ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

TELEPHONE NUMBER:

(HOME)

(OTHER)

EMAIL ADDRESS: providing an e-mail address, I authorize CTTA to send me confirmation, renewal and upgrade information, and other notices via e-mail.

(PERSONAL)

(OTHER)

MEMBERSHIP TYPE:

New Member

Renewal

Member #: _____

<i>Category</i>	<i>One-Year</i>	<i>Three-Year</i>	<i>Five-Year</i>
Junior (under 19)	\$10.00	\$25.00	\$40.00
Adult (19 and over)	\$25.00	\$70.00	\$110.00
Family (2 Adults & 4 Juniors in the same family)	\$50.00	\$125.00	\$200.00
Life Membership (individual)	\$400.00		
Replacement Card	\$5.00		

FAMILY MEMBERSHIP: please list all members not including cardholder

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* Membership Package mailed within 3 weeks of receipt & process of application and payment

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MEMBERSHIP APPLICATION

I would like to volunteer my time to the following activities: (Circle all that apply)

Junior Development Program Adult Program Senior Program Team Tennis League Play

CTTA Tournaments Sponsorship Committee Membership Committee

Social Committee Fundraising Committee Website Support

Administrative Support Mentoring/Tutoring/Social Services Program

Other: _____

Some benefits of becoming a CTTA member:

Discounts on Group Lessons Discounts on CTTA Hosted Tournaments Quarterly Newsletter

Social Activities Supporting youth scholarship fund Establish new friends

Much more...

WAIVER

I agree to waive any and all rights and claims for injury of any kind, including bodily or emotional injury, damage to my reputation, or any other harm or damage of any kind whatsoever that I might suffer in connection with CTTA events and activities. I also waive any and all rights to claim from CTTA, or any of the above organizations or individuals, damages that may allegedly arise as a result of references to or photographs of me that appear in any media or Internet coverage of CTTA. I understand and support the goals and mission of CTTA.

By signing below I acknowledge that I have read and understood the Waiver.

SIGNATURE OF APPLICANT:

DATE:

MAIL PAYMENT & APPLICATION TO:

CENTRAL TEXAS TENNIS ASSOCIATION
PO BOX 151014
AUSTIN, TEXAS 78715

CONTACT INFORMATION:

OFFICE: (512) 280-5800
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EMAIL: Info@centraltexastennis.com
WEBSITE: www.centraltexastennis.com