

Cape Fear Pickleball Club

Membership Application Form for 2015/2016

Yearly dues are \$20 per person / \$35 per couple / \$50 per family for each fiscal year starting January 1. Half-year rates in effect after July 1st: \$10/\$15/\$25.

Name: _____

Please print clearly (if multiple family members, please fill out separate forms for each person)

Date of Birth: _____ Sex: M or F (Circle one)

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (Primary) _____

(Secondary) _____

Email: _____

Emergency Contact (Name): _____

(Phone): _____

I have read the CFPC Waiver of Liability and the CFPC Code of Conduct, and I agree to the terms of those documents. I also agree to abide by all of the club's Bylaws and Policies and Procedures.

Please sign and date: _____

(Parent or Legal Guardian if member is under the age of 18)

I do or don't (please circle one) agree that my name and email address can be made available to other club members.

Optional:

I would like to help in the following areas: (Please check all or any that apply.)

- Training _____
- Tournaments _____
- Social Events _____
- Computer _____
- Photography _____
- Publicity _____
- Other _____

Please send completed form, along with a check made out to CFPC to:

Cape Fear Pickleball Club

PO Box 7566

Wilmington, NC 28406