CB Pickleball Club Membership Application Form

(One application form for each household)

Corte Bella Address: _____

Number and Street

1. Name_____

First and Last as you want it to appear on your name tag. (Please print)

E-Mail_____

Cell Phone: _____

Check one: New member_____ Renewal_____

2. Name_____

First and Last as you want it to appear on your name tag. (Please print)

E-Mail_____

Cell Phone: _____

Check one: New member_____ Renewal_____

Dues: $30 per person for 1st year (name tag included)
$25 per person to renew membership annually.

Amount Enclosed: Cash_____ Check_____

Make Check Payable to: CB Pickleball Club
Mailing address: Carolyn Pakan, 12924 W. Micheltorena Dr
Email: cpakan@gmail.com
(Can also give to any board member.)

Your dues will help to purchase club balls and equipment, as well as pay for other projects to enhance and support club activities. Dues will be from February 1st through January 31st of the following year.

Internal use only:

Badge(s) ordered_____ Badge(s)delivered:_____