

**Membership Application Form  
For  
Arizona Traditions Pickleball Club**

Check appropriate membership application: ( ) Individual \$25 ( ) Couple \$50

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(First & Last Name. Please Print)

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

AZT Address: \_\_\_\_\_  
(Number) (Street)

\_\_\_\_\_  
(City) (State)

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Spouses Name: \_\_\_\_\_  
(First & Last Name. Please Print)

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

You can pay by check made payable to: AZT Pickleball and mail to Bob Miller at 17639 N Coconino Dr, Surprise, AZ 85374 or go to [www.aztpickleball.com](http://www.aztpickleball.com)  
And pay thru **PayPal** using your PayPal account or any valid credit card.

**WELCOME TO AZT PICKLEBALL CLUB**