

2018 MEMBERSHIP APPLICATION



New Member _____ Renewing Membership _____ Today's Date _____

NAME(S): _____ PHONE: _____
Senior 55+ _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS: _____ (required)

Please contact me. I would like to volunteer for events and activities. _____

RATING: (Circle) Beginner 2.0 2.5 3.0 3.5 4.0 4.5

CHILDREN: _____ AGES: _____

DUES:

\$35.00 ~ Family

\$20.00 ~ Single

\$10.00 ~ Junior (under 18)

PLEASE SUPPORT YOUR CTA TO PROVIDE
PROGRAMS, EVENTS, AND EXPENCES FOR
INSURANCE, COURT UPKEEP, WEBSITE,
AND EQUIPMENT.

Please consider an additional donation to support our programs and court maintenance costs.

Dues	\$ _____
Support GPCTA	\$ _____
Support Junior Programs	\$ _____
Total Enclosed	\$ _____

Mail application & payment to:
GPCTA
1630 Williams Hwy PMB#150
Grants Pass, OR 97527

THANK YOU !! HAPPY HITTING !!!