



AASSTC MEMBERSHIP APPLICATION FOR 2015

The organization is open to seniors ages 60 and over who want to share their love of tennis with other seniors. AASSTC members are committed to:

- **Enjoying** the game of tennis by playing with mature/older adults for fun and exercise;
- **Improving** their playing skills by participating in drills, clinics, and friendly competitive play;
- **Playing** tennis regularly with others of equal or similar ability and skill;
- **Developing and supporting** a super senior league for those who prefer competitive play;
- **Representing** the Washington Tennis Association (WTA) in the USTA Super Senior Championships;
- **Participating and assisting** in the annual ATA National Championships Tournament; and
- **Supporting and participating** club activities such as tennis instruction and drills for beginning and intermediate players; round-robin and intramural tournaments; USTA league sectional, regional and national competitions; and programs for youth.

APPLICANT INFORMATION (PLEASE PRINT)

Name _____
Last First MI

Nickname or preferred name _____ Date of birth ____/____/____

Mailing Address _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email address _____

How did you learn about AASSTC? _____

Have you played tennis before? Yes No If so, how long ago? _____

How would you rate your tennis skills now? Beginner Intermediate (3.0-3.5) Advanced (4.0)

What are your main reasons for joining AASSTC? (Check all that apply)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Learn to play tennis | <input type="checkbox"/> Play competitively | <input type="checkbox"/> Socialize |
| <input type="checkbox"/> Improve tennis skills | <input type="checkbox"/> Have fun | <input type="checkbox"/> Get Exercise |

EMERGENCY CONTACT: Name _____ Phone _____

Signature _____ Date ____/____/____

Application and membership fee received by _____ on ____/____/____

Aces Mentor(s) _____ and _____



AASSTC MEMBER RESOURCE FORM

Name _____ /_____/_____
LAST FIRST MI TODAY'S DATE

1. Please indicate on which committees you would be willing to serve. If you are willing to chair a committee, please indicate your willingness with an asterisk (*).

- | | |
|----------------------------------|-----------------------------|
| Junior Tennis | Evening of Elegance (gala) |
| Resource Development/Fundraising | Membership |
| Charity Outreach | Health and Fitness |
| Community Tennis Outreach | Octogenarian Luncheon |
| Annual Tennis Retreat | Active Images (photography) |
| Tournament/Team Tennis | Special events |
| Arthur Ashe Kids Day | History/documentation |
| Media/publications/website | Other |
| Hospitality/Bereavement | |
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2. What special skills, experience, interests, or expertise do you have that could help AASSTC? (Check all that apply)

- Administration, management
- Community service
- Computing/Web management
- Education, instruction
- Finance, accounting
- Fundraising
- Grant writing
- Media/publications
- Nonprofit experience
- Outreach, advocacy
- Personnel, human resources
- Policy development
- Program evaluation
- Public relations, communications
- Special events
- Writing/editing
- Other _____

3. Please list any groups, organizations, or businesses to which you could serve as a liaison on behalf of AASSTC.

4. Please provide any suggestions or additional comments that you would like to make.
