



2010 Membership Application

Mail this form, with your membership dues and donation to:
 GPCTA, P.O. Box 11, Grants

Date		Renewal		New Member	
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Fees:	Single \$20	Junior \$10 (under 18)	Family \$35
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First Name		Last Name		Gender	M	F				
Phone		Email								
Rating	Beginner	2.0	2.5	3.0	3.5	4.0	4.5	Junior	Senior55+	
Roster	Allow release of your name, phone, and email address on Club Roster. Default is Yes.								Yes	No

Address	Street	City	Zip Code
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First Name		Last Name		Gender	M	F				
Phone		Email								
Rating	Beginner	2.0	2.5	3.0	3.5	4.0	4.5	Junior	Senior55+	
Roster	Allow release of your name, phone, and email address on Club Roster. Default is Yes.								Yes	No

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Phone		Email								
Rating	Beginner	2.0	2.5	3.0	3.5	4.0	4.5	Junior	Senior55+	
Roster	Allow release of your name, phone, and email address on Club Roster. Default is Yes.								Yes	No

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Referred by:	
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In addition to your annual membership we would appreciate ANY additional amount to support our programs!

Dues: \$ _____
 Donation: \$ _____
 Total Enclosed: \$ _____

This directory exists for the SOLE convenience of the membership. Privacy of members is protected and members are PROHIBITED From distributing any information for ANY "non-GPCTA purpose."