



2011 MEMBERSHIP APPLICATION

Payable to GPCTA ~ Send application & payment to: GPCTA, P.O. Box 11, Grants Pass, OR 97528

New Member
 Renewing Membership
 Application Date _____

NAME: _____ PHONE: _____ Senior 55+

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS: _____ (required)

REFERRED BY: _____

RATING: Beginner 2.0 2.5 3.0 3.5 4.0 4.5

SPOUSE: _____ Senior 55+ RATING: _____

CHILDREN: _____ AGE: _____ RATING: _____

_____ AGE: _____ RATING: _____

_____ AGE: _____ RATING: _____

_____ AGE: _____ RATING: _____

DUES:

- \$35.00 ~ Family
- \$20.00 ~ Single
- \$10.00 ~ Junior *
- * Under 18

MEMBERSHIP BENEFITS

- Newsletters
- Discounted Tournament Fees
- Co-Ed and Women's Progressive Doubles
- Free Clinics in connection with Progressive Doubles

Please consider a donation to your Community Tennis Association to support our programs.

- Dues \$ _____
- Support GPCTA \$ _____
- Support Junior Program \$ _____
- Donate to GP Tennis Sports Complex \$ _____
- (Tax-deductible ~ Federal ID# 27-1584229)
- Total Enclosed \$ _____

- If renewal, has your email and/or mailing address changed?
- Allow release of your name and phone number on a published Membership!

The GPCTA Directory exists for the SOLE convenience of the membership. Privacy of members is protected and members are PROHIBITED from distributing information for ANY "non-GPCTA" purpose.