Horizons Pickleball ONLY Membership Form

Please Select One: **Single Membership:** Initiation Fee $200, Annual Dues $200

Family Membership*: Initiation Fee $400, Annual Dues $400

Single

Surname: _____ First Name: _____

Date of Birth: (mm/dd/yy) _____ Telephone Number: _____

Home Address: _____

Email: _____

Family Spouse:

Surname: _____ First Name: _____

Date of Birth: (mm/dd/yy) _____ Telephone Number: _____

Email: _____

***Additional Family Members (under 18, and living in the same household) at $100 per child per year.**

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Only registered members can use the courts. Guests may accompany a member, for a fee of $5 per guest. Members who fail to register their guests, may be subject to membership forfeiture.

Membership is activated upon receipt of payment for the initiation fees and annual dues.

I hereby apply for Pickleball Only Annual Membership, and if elected to such membership, I agree to abide by the rules and regulations thereof:

Applicant Signature: _____ Date: _____

*Initiation Fee will be waived for children who sign up for their own single membership before their 18th Birthday.