

Longview Pickleball Club Membership Application

Please complete ONE FORM FOR EACH NEW MEMBER (and print clearly)

MEMBER'S NAME _____

Today's date: ____/____/202__

Address _____

Your emergency contact person's name & phone

City/State/Zip _____

Name _____

EMAIL _____

Phone (____) _____

PHONE (____) _____

Their relationship to me _____

ANNUAL MEMBERSHIP FEE

Annual membership begins on May 1 of the current year and expires on April 30 of the following year. You may pay by check or scan QR code to pay through our Club's secure online Stripe account.

My membership fee is:

ADULT - \$20

Scan this code →



YOUTH-(under 18) - \$10

Scan this code →



PLEASE MAIL THIS APPLICATION

(and payment if paying by check) to:

Longview Pickleball Club, PO Box 414, Longview, WA 98632

QUESTIONS ???

Email: LongviewWApickleballClub@gmail.com

By becoming a member, I agree to abide by the rules and regulations of the Longview Pickleball Club. I hereby release and discharge the Longview Pickleball Club and their Board of Directors and assigns from any and all actions, causes of action, claims and demands for, upon, or by reason of any damage, loss, personal injury or death which may result from or in connection with my participation of any nature in any of the Longview Pickleball Club activities. I understand that this release is binding upon myself, my assign(s), my personal representative(s) and heir(s).

Date: ____/____/____ Signature _____ Print name _____

If under age 18, Guardian's Signature _____ Print name _____

LPC use only: Date received ____/____/____ Received by _____ PAYMENT via check # _____ or Stripe transaction