

PICKLEBALL OMAHA MEMBERSHIP FORM

July 1, 2017 – June 30, 2018 Dues - \$10.00

(Make checks payable to Pickleball Omaha) PLEASE PRINT FORM

Name _____

_____ I am a current member of Pickleball Omaha. Please use my previous information or see changes below.

_____ I am a new member of Pickleball Omaha. Please fill out the entire form:

1. Have you played pickleball before joining Pickleball Omaha? _____

2. If so, where and how long? _____

3. Do you have a USAPA rating? If so, what is it? _____

4. Do you have a club rating? If so, what is it? _____

5. If your play needs to be rated by the Rating Committee, when will you normally play? _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Emergency Contact Name _____

Phone _____

**Pickleball Omaha does not discriminate against sex, race or religion.
I PLAY AT MY OWN RISK. I WILL NOT HOLD PICKLEBALL OMAHA OR ITS
MEMBERS LIABLE. ALL MEMBERS MUST SIGN FORM**

Signature _____ Date _____

Parent/Guardian Signature if Member under 19

Signature _____ Date _____

Return this form and payment to the Pickleball Omaha host or mail to:

**Rhonda Buckley, PO Box 494, Valley, NE 68064 or
Al Marion, 20112 Vanlea Drive, Gretna, NE 68028**