"A Not-for-Profit Organization"

Membership Application

Name: _____

Address: _____

City/State/Zip: _____, _____ _____

Cell Phone: _____

Email (please print legibly): _____

YEARLY MEMBERSHIP FEE: $ _____ ($20.00 per person)

Additional Donation: $ _____

Total $ _____

Janesville Pickleball Club
@janesvillepbc
venmo

Scan this code to pay

Payment may be made by Venmo (see Venmo QR Code) or personal check. If payment is by check, please make it payable to "Janesville Pickleball Club" and mail to: PO Box 125, Milton, WI 53563-0125.

_____ _____
Member Signature Date

_____ _____
Authorized JPC Signature Date

Note: By submitting this form, you are granting Janesville Pickleball Club permission to email you club information and may at some time use your image on our website, brochures, Facebook and the like for promotional purposes.