



2017 Membership Registration Form
Membership: \$30.00 (Ages 18 and up)

Make checks payable to TTA

Mail check and this form to: **Ann Kolakowski**
28 Victors Lane
Averill Park, NY 12018

USTA Level
Rating _____
Self Rate _____
Beginner _____

Name _____ Circle One M F

Street Address _____

City _____ State _____ Zip _____

Email address _____

Telephone Home _____ Cell _____

Senior Clinic (60+) Friday 9 am: Yes I would like to participate _____

NEW



Beginners Clinic: Wed., 6:30 pm: Yes I would like to participate _____

Check if you would like to help with any of the following:

Gardening _____ Publicity _____
Holding office _____ BBQ _____
Doubles Picnic _____ Pizza party _____

Check if you do not want your photo to be used for publicity. _____

Any communication from TTA will be by email unless you specify otherwise.

For office use only:
Rec'd _____
Check _____
Cash _____