



# IDAHO WHEELCHAIR TENNIS ASSOCIATION (IWTA) MEMBERSHIP APPLICATION

New Member \_\_\_\_\_ Renewal \_\_\_\_\_ For Calendar Year \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name or Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Phone \_\_\_\_\_ USTA Rating \_\_\_\_\_

Receive Email Notifications: Yes/No \_\_\_\_\_

In case of emergency, please notify (name and phone #): \_\_\_\_\_

**Immediate Family Members (Complete this section if choosing Family Membership)**

Name:	USTA Rating	Name:	USTA Rating

Check here if you do NOT want your contact information included in the Membership Directory. \_\_\_\_\_

***Your help is needed!*** Please let us know if you will volunteer to help with IWTA events, including committees, tournaments, clinics, and other special events.

Check here if you are willing to volunteer: \_\_\_\_\_ How would you like to help? \_\_\_\_\_

Individual Annual Membership Dues: \$35                      Total Payment: \_\_\_\_\_

Family Annual Membership Dues: \$55

**Please send payment to:** Idaho Wheelchair Tennis Association, P.O. Box 50513, Boise, ID 83705

***Please read and sign the release below:***

The undersigned recognizes that participation in Idaho Wheelchair Tennis Association (IWTA)–sponsored events and activities are at the member’s own risk. It is also agreed that IWTA shall not be responsible for injury to the person or property of members or their guests at any IWTA–sponsored functions and activities. The terms of this agreement are binding on all people included in this membership application.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
Annual Fee:	Date:
Approved:	Database Updated: