



# Membership Form

Initial here after signing the FAP waiver form.

Date \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Birthdate \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email \_\_\_\_\_

FAP needs a few skilled members to help our organization. Please check below if you would like to volunteer for:  site host  marketing/PR/website  clinics/tournaments  fundraising  serve on FAP committee  serve as FAP board member  other \_\_\_\_\_

Primary venue:

- Rotary
- Vinland
- Orchid
- Fowler
- Oakhurst

## \$35.00 Individual Annual Membership – includes:

- \$25,000 Accidental Medical Benefit (valid during hosted play hours) through USA Pickleball
- Discounts for tournaments, leagues, and clinics
- Use of equipment during sponsored FAP play hours
- First notice of tournaments and other special events
- Heartfelt appreciation for helping support our efforts and bettering the Fresno pickleball community.

### ADDITIONAL ANNUAL FAMILY MEMBER FEE

\$25.00 each



Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Email \_\_\_\_\_ cell \_\_\_\_\_ \$ \_\_\_\_\_

I would like to make a general fund donation\*: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

#### Internal use:

Form of payment: \_\_\_\_\_

Rcd. On \_\_\_\_\_

By: \_\_\_\_\_

# Of members \_\_\_\_\_

Payment by cash or check payable to: Fresno Area Pickleball P.O. Box 3787 Fresno, CA 93650.

**OR GO PAPERLESS AND SIGN UP AND PAY WITH YOUR CREDIT CARD AT [FresnoAreaPickleball.com](http://FresnoAreaPickleball.com)**

**Questions: Contact us - [fresnoareapickleball@gmail.com](mailto:fresnoareapickleball@gmail.com)**

*Fresno Area Pickleball is a 501 (c) 3 nonprofit corporation. EIN:84-4202922 Your dues/donations may be tax deductible*  
**We will not share your private information**

