

**PORT LUDLOW PICKLEBALL ASSOCIATION (PLPBA)
PLPBA MEMBERSHIP APPLICATION**

April 1, 2024 - March 31, 2025
Only One name per application

INITIAL ONE: MEMBER MUST CONFIRM LMC MEMBERSHIP _____, OR RESIDENCE IN THE SOUTH BAY PORT LUDLOW COMMUNITY(SBCA) _____, OR IN THE 98365 ZIP CODE: _____

NEW MEMBER: _____ RENEWING MEMBER: _____

1. **Print** the PLPBA Membership **Application**, the **PLPBA Waiver**, AND the **LMC Liability Waiver**
2. **Complete** the **PLPBA Membership Application**, **Sign** and **date**
3. **Complete** the **PLPBA Waiver** and **Sign and Date**, or initial if one is "on file": _____
4. **Complete** the **LMC Liability Waiver** and **Sign and Date**, or initial if an LMC member: _____
5. **Membership Dues** are to be submitted with this application in the amount of **\$40.00**.
CHECK NO. _____ **OR CASH** _____
6. **Make checks payable to: Port Ludlow Pickleball Association (PLPBA)**
7. **Submit the completed Application, the Waiver(s) and Membership Dues**

via mail to:

Port Ludlow Pickleball Association, PO Box 65014, Port Ludlow, WA 98365

Or hand deliver all documents and check/cash to President, Anne McClure at the pickleball courts

Name: _____

Mailing Address: _____

Email Address: _____

Telephone No.(s): _____ Cell Phone _____

Emergency Contact Name: _____ Telephone: _____

APPLICANT'S SIGNATURE _____ **DATE:** _____

PRINT NAME: _____

CHECK ONE: Signature of _____ Member Or _____ Legal Guardian (For Minor)

For office use only:

Date Application Received _____ PLPBA Waiver Received _____ LMC Waiver Received _____

Membership Confirmation _____ LMC _____ SBCA _____ Zip Code _____

Check #: _____ Amount: _____ or CASH: _____