



PORT LUDLOW PICKLEBALL ASSOCIATION (PLPBA)

MEMBERSHIP APPLICATION

Membership Year: April 1, 2026 - March 31, 2027

Members must reside in the 98365 ZIP code. Applicant Initials: _____

New Member **Renewing Member (waiver not required)**

1. **Print** the PLPBA Membership **Application**, and **PLPBA Waiver (if New)**
2. **Complete** the **PLPBA Membership Application**, **Sign** and **date** both documents
3. **Submit \$50 Membership Dues** with the **Application** and **PLPBA Waiver (if required)**
Make checks payable to: Port Ludlow Pickleball Association (PLPBA)
The membership dues may be increased to meet the cost of the operation of the Association
4. **Submit** by mail or hand deliver to any board member the **Signed, Dated Application & PLPBA Waiver (if required) and Membership Dues**

Port Ludlow Pickleball Association ~ "ATTENTION: MEMBERSHIP DIRECTOR"
Post Office Box 65014, Port Ludlow, WA 98365

Applicant Information – PLEASE PRINT (**ONLY ONE MEMBER PER APPLICATION**)

Name: _____

Mailing Address: _____

Email Address: _____

Telephone No.(s): _____ Cell Phone _____

Emergency Contact Name: _____ Telephone: _____

PRINT NAME: _____

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

CHECK ONE: Signature of _____ **Member** _____ **Legal Guardian (For Minors)**

For office use only:

Date Application Received _____ **Date PLPBA Waiver Received** _____ **Zip Code Verified: Y__ N__**

Payment: Cash Check # _____ Amount: \$ _____

Membership Confirmation Letter and Playing Schedule sent to Member _____ date sent.