



2024 HSV PICKLEBALL CLUB

MEMBERSHIP

\$15

NEW MEMBERS

DATE: _____

NAME _____ I would like a Name Tag

NAME _____ I would like a Name Tag

EMAIL _____

EMAIL _____

PHONE: _____

PHONE: _____

Special name request:

Special name request:



RENEWAL NAME(S)

DATE: _____

NAME _____

NAME _____

Any changes

Any changes

Please attach this form to your payment

CASH _____ CHECK _____

Your check **or** cash **MUST** be attached to this form

Make payable to **HSV Pickleball Club** - drop it in the box at Desoto Clubhouse or mail it to

PO BOX 8714

Hot Springs, Village, AR 71910