



# **Albany Pickleball Club (APC)**

## **Membership Form**

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**Email** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Cell**  **Home**

**Payment: Cash**  **Check**  **Square**

**Notes:**

Annual dues are \$30 for the period July 1 to June 30.

Make checks payable to *Albany Pickleball Club*

Mailing address: P.O. Box 2035; Albany, OR 97321

*Rev. 18Dec22*



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