Make Checks Payable to: **PATT**
Mail to: **PO Box 1042**
Elmira, NY 14902

☐ New Member ☐ Renewing Member

Name _____

Street _____

City_____State _____ Zip Code_____

Birthdate_____

Cell Phone _____ Email Address:_____

_____

Annual Memberships

☐ **$10.00** - Student

☐ **$20.00** - Individual

☐ **$40.00** – Family (3 or more family members (including at least 1 adult and children 21 yrs and under):

****Please note that memberships run from January 1st through December 31st each year****

Family Member Name:	Date of Birth:	E-mail address:
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ **I would like to make a donation to PATT in the amount of $_____.**
Note: Donations to our organization are not tax deductible as charitable contributions.

I would like to help at a PATT event. **Yes** ☐ **No** ☐

I would like to volunteer to serve PATT by working on a committee. **Yes** ☐ **No** ☐

I give PATT permission to use photos of me/my family for promoting PATT programming. **Yes** ☐ **No** ☐

Comments:_____

_____

For Questions or Concerns Email: pickleballtwintiers@gmail.com
Website: pickleballtwintiers.com or follow us on Facebook

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