



BILLINGS PICKLEBALL ASSOCIATION MEMBERSHIP FORM



BillingsPickleball.org

Facebook.com/BillingsPickleballAssociation

DUES: July 1, 2021 – June 30, 2022

Individual (one adult) \$25 _____

Family (two adults and/or minor children) \$50 _____

CHECK - Billings Pickleball Association, P.O. Box 794, Billings, MT 59103-0794

PAYPAL – please use friends and family option to billingspickleball@gmail.com

VENMO - @BillingsPickleballAssociation

NAME: _____

ADDRESS: _____ **PHONE:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

EMAIL: _____

EMERGENCY CONTACT: _____

Rating: Beginner 2.0 2.5 3.0 3.5 4.0 4.5 5.0 PLEASE CIRCLE ONE

Name/Rating/Phone/Email for Additional Family Members if applying for a Family Membership

By signing I understand that no medical insurance is provided by the BPA (Billings Pickleball Association) and I agree to assume the risk of injury related to my participation or the participation of my dependents. I understand that there are inherent risks to which I may be exposed because of the level of activity of pickleball. I agree to make no claims against the BPA or any of its organizers or volunteers for any injury or incident arising from this activity and that I am physically able to participate in this activity. If I consent to any medical treatment while involved in this activity, I agree to pay for it. I also understand that the BPA is not responsible for any lost or stolen articles. **I also agree that my contact information can be made available to other members through a secure website portal (cross this line out if you don't agree).**

SIGNATURE _____ **DATE:** _____

SIGNATURE _____ **DATE:** _____

FOR BPA USE ONLY

Date Membership Dues Paid: _____ Check No: _____ Cash: _____