


PLEASE TYPE OR PRINT

USTA# CODE:	U.S.T.A. ASSOCIATE MEMBERSHIP FORM	\$50
NAME:		
DESIRED <u>MAILING ADDRESS</u>: IS THIS A NEW ADDRESS: <input type="checkbox"/> YES <input type="checkbox"/> NO STREET OR P.O. BOX:		
<hr/> CITY: STATE: ZIP:		
PHONE #s HOME: () WORK: () FAX: () CELL: ()		
E-MAIL ADDRESS:		
CHECK THE APPROPRIATE BOX: <input type="checkbox"/> RENEWAL <input type="checkbox"/> NEW MEMBER 		
DO NOT WRITE IN THE BOX BELOW - FOR OFFICE USE ONLY DATE REC'D _____ CHECK # _____ AMT \$ _____ EXPIRES: _____		
PLEASE COMPLETE & RETURN WITH \$50 DUES TO THE USTA NATIONAL OFFICE, P.O. BOX 135076, CLERMONT FL 34713-5067 FORMS/TEAM_MBR.FRM REV:05/07		