

U.S.T.A. INDIVIDUAL MEMBERSHIP APPLICATION FORM

rev/February 19, 2008

CLUB: _____ COACH: _____		
PLEASE PRINT OR TYPE		MEMBERSHIP FEE:
FIRST NAME	LAST NAME	BIRTHDATE
		\$10 PER ATHLETE ALL LEVELS
1		\$10
2		\$10
3		\$10
4		\$10
5		\$10
6		\$10
7		\$10
8		\$10
9		\$10
10		\$10
11		\$10
12		\$10
13		\$10
14		\$10
15		\$10
16		\$10
17		\$10
18		\$10
19		\$10
20		\$10
21		\$10
22		\$10
23		\$10
24		\$10
25		\$10
PLEASE INDICATE IF YOU WANT DECALS <input type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL:
DATE RECEIVED:	CHECK/M.O.#:	TOTAL AMT: \$

**COMPLETE ENTIRE FORM & REMIT WITH ONE CHECK OR MONEY ORDER MADE OUT TO THE U.S.T.A.
 TO: Patti Lingenfelter, USTA National Office, P.O. Box 135067, Clermont FL 34713-5067
 P 863-420-3905; F 863-420-2050; E-mail ustapatti@verizon.net**

