

PLEASE TYPE OR PRINT

USTA#

U.S.T.A. TEAM MEMBERSHIP FORM

\$100

CODE:

CLUB NAME:

(*PLEASE MARK THE COACH(s) THAT ARE SAFETY CERTIFIED AND THE DATE OF CERTIFICATION)

COACH NAME(s):	SAFETY CERTIFIED	DATE OF CERTIFICATION
1. _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
2. _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
3. _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
4. _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
5. _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
6. _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____

***BEGINNING THE 2003-04 COMPETITION YEAR (September 1, 2003), EVERY CLUB MUST HAVE AT LEAST ONE USTA SAFETY CERTIFIED COACH ON THIER ROSTER AND AS A USTA COACH MEMBER. SAFETY CERTIFICATION IS ONLY GOOD FOR FOUR (4) YEARS.**

DESIRED MAILING ADDRESS: _____ IS THIS A NEW ADDRESS: YES NO

STREET OR P.O. BOX: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #s HOME: () WORK: ()

FAX: () CELL: ()

E-MAIL ADDRESS:

CHECK THE APPROPRIATE BOX: RENEWAL NEW MEMBER



IF NEW, NAME OF REFERRAL: _____

DO NOT WRITE IN THE BOX BELOW - FOR OFFICE USE ONLY

DATE REC'D _____ CHECK # _____ AMT \$ _____ EXPIRES: _____

PLEASE COMPLETE & RETURN WITH \$100 DUES TO THE USTA NATIONAL OFFICE, P.O. BOX 135067, CLERMONT FL 34713-5067