



# Pickleball Association Kauai Membership Application

Please print

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Cell # : \_\_\_\_\_ Home #: \_\_\_\_\_

Email Address: \_\_\_\_\_

You affirm that you are at least 18 years of age. If under 18 years old, a parent/guardian signature is required.

\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Signature Date

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Annual Membership Dues: \$20 (\$10 until 12/31/21)

Additional Donation: \$\_\_\_\_\_

Date Paid: \_\_\_\_\_

Please mail your membership application and check (payable to Pickleball Association Kauai) to Pickleball Association Kauai, 2772 Aheaha Street, Lihue, HI 96766