

SOLIVITA SMASHERS PICKLEBALL CLUB



MEMBERSHIP APPLICATION

✓ Check appropriate box(es)

(Please print below)

New Member

Renewal

Individual membership

Couple memberships (2)

First Name: _____ M/I: ____ Last Name: _____

Home Phone* _____ Yes No Mobile Phone* _____ Yes No

Email Address* _____ Yes No

Home Address (optional*) _____ Poinciana, FL 34759 Yes No

**The Smashers require permission to include this information in club publications?*

Second membership (spouse or partner)

Type of membership: Player Social (non-player)

First Name: _____ M/I: ____ Last Name: _____

Home Phone* _____ Yes No Mobile Phone* _____ Yes No

Email Address* _____ Yes No

**The Smashers require permission to include this information in club publications?*

Permission may be changed at any time upon written notification to the Smashers admin@smasherspickleball.org.

Please read the Smashers Privacy Policy in Club Documents of www.solivitahoa.com or www.smasherspickleball.org.

Signature

Signature (Member #2)

Date

Amount: \$ _____ Cash Check # _____
