

## 2018 GRAND PICKLEBALL CLUB MEMBERSHIP AND RENEWAL APPLICATION

Welcome to the Grand Pickleball Club. To join or renew your membership, you must be a resident of Sun City Grand and complete this application. **You may fill in information for 2 members if the members live at the same address and have sequential CAM numbers (i.e., 1234-000, 1234-001).** If membership is for 2 members, send only one check for the total membership cost. **Please print clearly. Unreadable or incomplete Applications will not be processed.**

Dues are as follows: (please read carefully and check the appropriate box below)

Per Member

- |                          |        |                          |        |  |      |
|--------------------------|--------|--------------------------|--------|--|------|
| <input type="checkbox"/> | MBR #1 | <input type="checkbox"/> | MBR #2 | Renewing Member for 2018 - Completed Monitor Requirement *:        | \$10 |
| <input type="checkbox"/> | MBR #1 | <input type="checkbox"/> | MBR #2 | Renewing Member for 2018 - Did Not Complete Monitor Requirement *: | \$30 |
| <input type="checkbox"/> | MBR #1 | <input type="checkbox"/> | MBR #2 | New Member 2018 (joining in Dec 2017 or Jan thru Sep in 2018):     | \$25 |
| <input type="checkbox"/> | MBR #1 | <input type="checkbox"/> | MBR #2 | New Member 2018 (joining October or November 2018)**:              | \$20 |

\* Monitor requirements must be met by the end of the 2017 membership year in order to pay the renewal fee of \$10 for 2018.

\*\* New members who joined in October or November will have monitor requirement waived for the following year's Dues.

Membership is on the Calendar Year. Renewals are due January 1 and delinquent February 1.

Make your check (**drawn on a bank in the USA**) payable to "Grand Pickleball Club" and mail with Application to:  
**Grand Pickleball Club Treasurer**, 15124 West Cooperstown Way, Surprise AZ 85374

**WHEN MAILING, YOU MUST INCLUDE A PHOTOCOPY OF YOUR CAM CARD WITH THE APPLICATION.**

7 Digit CAM # (Member #1):  Full Name (#1):

7 Digit CAM # (Member #2):  Full Name (#2):

First name for name badge (#1):  First name for name badge (#2):

SCG Street Address:  Zip:

Phone #1:  Email #1:

Phone #2:  Email #2:

Emergency Contact Name(s) and Phone #(s) Member #1:

Emergency Contact Name(s) and Phone #(s) Member #2:

SCG CAM requires a monitor at all Club-sponsored events. As a Pickleball Club member, you agree to fulfill the monitoring requirement set forth by the Club. The current requirement is to serve a minimum of 2 hours annually as a monitor or volunteer.

**You understand and agree that failing to fulfill your monitor/volunteer requirement will result in a higher Club renewal fee at annual membership renewal time.**

**My signature signifies my acceptance of all SCG Pickleball Club Rules, Policies, and Regulations as currently written or changed from time to time. They may be found on the clubs website at: [www.grandpickleball.org](http://www.grandpickleball.org).**

Member(s)/New Member(s) Signature(s)

Date

### IF MAILING THIS APPLICATION YOU MUST INCLUDE:

- \* Completed (and Legible) Application
- \* Photocopy of your CAM Card(s)
- \* Payment (checks must be drawn on a bank in the USA)
- \* **Renewing members must include a self-addressed, stamped envelope to receive his/her name badge sticker by mail.**

Office Use	
Exp. Date	
Amount	
Check #	
Rec'd By	
Entered	
Initials	
Email	