



USPA Member Enrollment Form

* Good until December 31st of the enrollment year *

Date: _____ Location: _____

Full Name: _____

Address: _____

City and State: _____ Zip: _____

Telephone: _____ Cell: _____

E-Mail Address: _____

Park where you play: _____

Preferred Division (check one): A ____ B ____ C ____ Card Given: Y N

Membership Level: Reg (\$20.00) ____ Gold (\$50.00) ____ PAID: _____ (Initial)

Name of person enrolling you: _____

Member Acknowledgement

I, the above named person acknowledge that I am accepting a one year membership with the United States Paddleball Association. By signing below I acknowledge that I have read 2005 U.S.P.A. Pocket Version of the United States Paddleball Association Rule Book and that I will abide by these rules and policies as stated. I understand that failure to do so will reflect in a negative manner towards the promotion of one-wall paddleball for which the association may impose penalties upon me and the enforcement such as suspension from U.S.P.A. events and/or membership revocation. I also agree to maintain my membership in good standing during organized and un-organized play. It is my intention to help promote the sport of one-wall paddleball as a U.S.P.A. member.

Signed: _____

Please mail or Fax to: 718-233-3520

Mailing Address: United States Paddleball Association
& Check Payable to 12021 SW 131 AVE
Miami, FL 33186

Email: service@uspaddleballassociation.org