



2024 Membership Application (Rev.12/2023)

NAME: _____

ADDRESS #1: _____ CITY: _____ STATE: _____ ZIP: _____

ADDRESS #1: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ CELL: _____

EMAIL: _____

Please help us with our outreach/publicity efforts by supplying the following information.

How long have you been playing pickleball? _____

How did you hear about our club: _____

If you were told about Cambria Pickleball by club member(s), please let us know who:

Membership dues cover the calendar year and are due by December 31 for the following year.

For 2024 Jan 1-Dec 31: \$75 per player

Players joining during the year can write one check for \$10 per remaining month/partial month.

Please mail this completed form with your check made out to

Cambria Pickleball by the Sea, Inc.

to

CAMBRIA PICKLEBALL
c/o Deanna Straugh, Treasurer
400 Wellington Dr
Cambria, CA 93428

or give them to a club official. Any questions call Rich Davega at 805-574-0646 or club secretary Ali Vassigh at 425-679-2429

Office Use only - Amount Submitted: \$ _____ Check #: _____ Received by: Date: _____