



2025 Membership Application (Rev.1/2025)

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
2025 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

Cash – leave in sealed envelope with your name on it and place it in the cash jar at the courts

Venmo - payment can be sent to @deanna-straugh

Zelle - payment can be sent to Straughlaw@gmail.com

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: _____