



Membership Form

Thank you for your interest in joining Washington D.C., Pickleball!

- 1 - Completely fill out and sign the membership application.
- 2 - Pay the \$30 membership fee.

washingtondcpb.org

WDCP is a non-profit organization focusing on the enjoyment, health, and social engagement of all participants through organized recreational and competitive play, development opportunities and improvement of facilities within the designated region.

Membership Application type: New Renewal

Applicant Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

Are you 22 years or older: Yes No

When is your Birthday (not required but we would love to celebrate with you): _____

Please select your estimated skill ranking: Not sure... No worries! You can visit this link to get an idea of where you stand in the skill rankings.

- Beginner to 2.0
- 2.5
- 3.0
- 3.5
- 4.0
- 4.5
- 5.0

Please submit the \$30 membership fee using one of the following

- 1 - Go to PayPal.com and use this email in the "Recipient's Email" field: info@washingtondcpb.org
- 2 - Bring the completed form and cash payments to any of the Board Members
- 4 - Mail a check made payable to Washington D.C. Pickleball to:

*Washington DC Pickleball
5106 52nd Street NW
DC, 20016*

By signing below, I agree to display a positive and supportive attitude towards all members of the Washington D.C. Pickleball.

Signature of Applicant:

(Please type in name on signature line or using digital pen icon sign above on the line)

Date:

Completed forms may be emailed to:
info@washingtondcpg.org

For Club Use Only:	
Amount Paid: _____	Date Paid: _____
Membership Number: _____	Signature: _____