



Ann Arbor Area Community
Tennis Association
Membership Application

Name _____

Street _____

City, state, zip _____

Phone _____

Email _____

ANNUAL DUES

Individual \$15

Family \$25

Other family members: _____

I am interested in volunteering for the following activities:

Publicity & Promotions

Donate equipment

School / Youth programs

Corporate Relations

Teach novices

Member recruitment

City Tournament

Other _____

Print this form and mail with your check to:

AAACTA
P.O. Box 2414
Ann Arbor, MI 48106-2414

Click File > Print or the Printer icon in your browser to print this page.