

SPEARFISH TENNIS ASSOCIATION MEMBERSHIP FORM - 2024

Name: _____

Renewal – no change in address and contact information

Complete Mailing Address: _____

E-Mail Address: _____

Phone: _____

Type of Membership:

_____ \$20.00 (Family) _____ \$15.00 (Individual) _____ \$10.00 (Youth)

Additional Contribution:

_____ \$25.00 _____ \$50.00 _____ \$100.00 _____ Other - Specify Amount: _____

Please return this form, along with your membership fee
made out to "Spearfish Tennis Association, Inc" to:

Spearfish Tennis Association, Inc
P.O. Box 1236
Spearfish, SD 57783

For more information: <http://spearfishtennis.com>

Questions: spearfishtennis@gmail.com

Date: _____ Cash \$ _____ Check \$ _____ # _____