Membership Application

Please Print Legibly Date _____

(Please check one) New Member ☐ 2017 Membership Renewal ☐

1) Name _____

SCHH CAM # _____

E-mail Address _____

2) Name _____

SCHH CAM # _____

E-mail Address _____

SCHH Address _____

SCHH Telephone # _____

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2017 Club Dues is $10.00 per person
New members paying after October 10, 2017 have their dues paid for 2017/2018.
Membership renewal for 2017 is due on or before January 1, 2017.

In joining the Pickleball Club, I assume full responsibility for any bodily injury as well as risk to property. I further waive any liability and agree to indemnify and hold harmless all club officers and members from any damages and costs, including attorney's fees which may arise from my participation in the club.

_____ _____ _____
Printed Name Signature Date

Payment is by Check Only, made payable to SCHH Pickleball Club.

Please include this completed form with your annual dues check and drop in lower box of our
Membership Chairman Jim McNamara, 71 Purry Circle. 843-705-6298
Club Treasurer's use only ~ Do not fill in below this line.

Annual Dues: Paid by Check #_____ Date Paid _____
Amount paid $_____ for _____memberships