



MEMBERSHIP FORM

Annual Dues

Single: \$30.00 Family: \$40.00

Name: _____ Tennis Level: _____

Name: _____ Tennis Level: _____

Name: _____ Tennis Level: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____ Contact number: _____

USTA rating (if applicable): _____ Dues: \$ _____ Donation: \$ _____ Total: \$ _____

Please make membership checks payable to "MCTA" and mail with this form to:
MCIC-MCTA, PO Box 2828, McCall, ID 83638

If you plan to pay by credit/debit card, please save this form and attach to an email to:
mccalltennis@gmail.com . Then go to the membership page and use the "PAY NOW" feature to complete your membership transaction.