



Mankato Area Pickleball Association

Membership & Renewal Application (\$10 Annual Dues)

Mail Application, along with dues to: Mary Harrington, 113 Viking Ct, Mankato, MN 56001

First Name: _____ Last Name: _____

Address: _____

City/State/Zip Code: _____

Phone: (H) _____ (C) _____

Email Address: _____

DOB: ____/____/____ Amount paid for dues: \$_____

MONTH DAY YEAR

As a member, I agree to abide by the bylaws of the Mankato Area Pickleball Association.

Signature Date

As a member of MAPA, I realize that pictures may be taken of me during play or tournaments. I give my consent to allow any of these pictures (without contact information) to be used for purposes of promotion of the association. This includes, but is not limited to, Mankato Free Press articles and/or ads, promotional posters, MAPA website and MAPA Facebook pages.

Signature Date