



**Mankato Area Pickleball Association**

Membership & Renewal Application (\$10 Annual Dues)

**Mail Application, along with dues to: Vivian Smith, 225 Hensonshire Dr, 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