



2024 Palmetto Dunes Resort Pickleball Club Membership Form

Name: _____
First name Last name

Select Membership Type:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Couple/Family (Family rate applies to all children or grandchildren under the age of 21.) | | |
| <input type="checkbox"/> Annual
(\$265/\$325) | <input type="checkbox"/> Semi-Annual
(\$230/\$285) | <input type="checkbox"/> Quarterly
(\$215/\$255) | <input type="checkbox"/> Monthly
(\$195/\$225) |

Effective Dates

From: _____ To: _____
MM/DD/YYYY MM/DD/YYYY

Address: _____
Address, City, State, Zip Code

Email:

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Phone(s)

Cell: _____ Home: _____
(###) ###-#### (###) ###-####

Spouse (or partner): _____

Other Immediate Family: _____

Additional Information:

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