

Bastrop Area Pickleball Association Membership Application Form

A 501c(3) Non-Profit



Name: _____

Mailing Address: _____

Email Address: _____

Phone: _____

Volunteer interests: _____

Please select membership type:

_____ Adult Membership
\$120.00 Annually

_____ Youth Membership (under age 18)
Complimentary

_____ Donation Amount: _____

Make your check to: Bastrop Area Pickleball Association
Please mail your completed application, check, and waiver form to:

Holly Marie Howard, Treasurer
Bastrop Area Pickleball Association
Post Office Box 1661
Bastrop, Texas 78602

Note: Paypal payment option coming soon!
Please include a signed waiver form with your Membership Application.