

# Bastrop Area Pickleball Association Membership Application Form

A 501c(3) Non-Profit



Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

BAPA 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

***Please include a signed waiver form with your Membership Application.***