



AWTA Membership Registration Form

Membership Period: JUNE 1 - MAY 31

(Checks received after mid-March will apply to both the current and upcoming Season)*

ANNUAL FEE: \$15

Name: _____

Email Address: _____

Phone (Home): _____ Phone (Cell): _____

Mailing Address: _____

City: _____ State _____ Zip Code: _____

Birthday: _____ (MONTH) _____ (DAY) Note: no year necessary!!

USTA or Self Rating: _____

Print this form, fill it out and mail the completed form with your check for \$15 (made payable to AWTA) to:

AWTA
P. O. Box 5897
Austin, Texas 78763

* exact date is the cut-off date for Spring Season WTTA sub/roster changes