



## **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: \$20**

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 \$20 (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