

MOUNTAIN VIEW SPORTS AND RACQUET ASSOCIATION

MEMBERSHIP APPLICATION

I agree to support the Club's standards of behavior and mission statement. I also agree to pay my annual club membership fees before January 31st of each year. Suggestions, concerns and complaints should be directed to the club's management. If you have any questions, please call (619) 263-9224 or visit the website: <http://mvsra.com> for more information.

If you prefer that your name and phone # NOT be distributed to other club members, please check here:

PLEASE ANSWER THE FOLLOWING QUESTIONS: *(All information will be treated as confidential)*

First Name, Middle Initial & Last Name	Birth Date	Membership #
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First Name, Middle Initial & Last Name	Birth Date	Membership #
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First Name, Middle Initial & Last Name	Birth Date	Membership #
First Name, Middle Initial & Last Name	Birth Date	Membership #
First Name, Middle Initial & Last Name	Birth Date	Membership #
First Name, Middle Initial & Last Name	Birth Date	Membership #
Mailing Address:		
City:	State:	Zip Code
Home Phone:		
Work Phone:		
E-Mail Address:		

Please select a Membership Level:

MV Internal Use Only

Age	Membership Type	Amount	
17 and under	<input type="checkbox"/> JUNIOR	\$15.00	Check #: Date received: Date Membership Card(s) Issued:
17 - 25	<input type="checkbox"/> STUDENTS	\$50.00	
18-54	<input type="checkbox"/> ADULT	\$70.00	
55 and 79	<input type="checkbox"/> SENIOR	\$50.00	
2 Adults + 4 Children	<input type="checkbox"/> FAMILY	\$90.00	
80 and over	<input type="checkbox"/> OCTOGENARIAN	\$15.00	

Interested in joining a League? Interested in joining a Team? Interested in volunteering for a Committee?

Please make check or money order payable to: **Mountain View Sports and Racquet Association**
 And mail to : **MVSRA, Attn: Membership, P. O. Box 152738, San Diego, CA 92195**