**A picture containing text

Description automatically generatedA black and white image of a person's face

Description automatically generated with low confidence ITASCA COUNTY PICKLEBALL ASSOCIATION** (ICPA)

**2025 MEMBERSHIP APPLICATION**

**January 1 – December 31, 2025**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 YEAR SINGLE MEMBERSHIP | $30 | 2 YEAR SINGLE MEMBERSHIP | $55 |
| 1 YEAR COUPLE MEMBERSHIP | $50 | 2 YEAR COUPLE MEMBERSHIP | $90 |
| 1 YEAR FAMILY MEMBERSHIP (same household) | $60 | 2 YEAR FAMILY MEMBERSHIP (same household) | $110 |

**DUES AMOUNT ENCLOSED** (payable by cash or check) **$\_\_\_\_\_\_\_\_\_\_\_\_ CHECK #\_\_\_\_\_\_\_\_\_\_\_\_**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently an ICPA member? \_\_\_Yes

Please note any changes below and sign waivers.

Are you currently an ICPA member \_\_\_No

Please complete information below and sign waivers.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name |  | | Email |  | | |
| Phone |  | |  |  | | |
| Address | | City | | | State | Zip |

|  |  |  |  |
| --- | --- | --- | --- |
| Partner/Spouse Name  (if couple membership) |  | Email |  |
| Family Member Name |  | Email |  |
| Family Member Name |  | Email |  |
| Family Member Name |  | Email |  |

Please submit payment and this form to:

**Itasca County Pickleball Association**

**P.O. Box 992**

**Grand Rapids, MN 55744**

**\*RELEASE & WAIVER OF LIABILITY**

I/we agree there is a risk of illness, injury, or death associated with my use of the pickleball facilities and that I/we am/are voluntarily participating in the activities of the ICPA. I/we thereby release, waive, and forever discharge ICPA and its officers, directors, and members from any and all claims, demands, damages, actions and lawsuits from any illness, injury or death I/we might incur.

|  |  |  |  |
| --- | --- | --- | --- |
| Member Signature |  | Date: |  |
| Spouse/Partner Signature |  | Date: |  |
| Family Member Signature |  | Date: |  |
| Family Member Signature |  | Date: |  |
| Family Member Signature |  | Date: |  |

**\*RELEASE OF MEMBER INFORMATION**

I/we agree to have my/our contact information shared with other ICPA members for ICPA activities only.

|  |  |  |  |
| --- | --- | --- | --- |
| Member Signature |  | Date: |  |
| Spouse/Partner Signature |  | Date: |  |
| Family Member Signature |  | Date: |  |
| Family Member Signature |  | Date: |  |
| Family Member Signature |  | Date: |  |

**ITASCA COUNTY PICKLEBALL ASSOCIATION (ICPA) MEMBERSHIP INCLUDES:**

* Organized play at scheduled times.
* Association events (ladders, drills, scrambles, clinics)
* Access to ball machine
* Social events
* Voting privileges
* Access to the ICPA storage shed for equipment use
* Access to TeamReach and email updates