Sheboygan County Tennis Association, Inc. (SCTA) Membership & Charitable Contribution Form

Name	Date of Birth:					
E-mail address (please provide an e-mail that is of programs and events and for diss				information abou	It specific SCT	- A
Address						
City	State	_ Zip Code				
Telephone #						
High School Graduation Year		(for You	th member	rship option on	ly)	
Adult membership	_ \$0/Complimenta _ 1 year: \$10 _ 1 year: \$15 _ \$150	2 ye	ears: \$16 ears: \$24	5 ye 5 ye	ears: \$40 ears: \$60	000
Please include a donation to the membership renewal. Your susportsmanship, and to provide	upport will make a	difference a	as the SCT	TA continues "	to promote te	along with your nnis, to encourage
Other \$	\$25	\$50		_\$100		
Gifts to the Sheboygan County No goods or services have be organization. IRS ID #39-203	en provided. SCT					
Print this form out, make chec	k payable to SCT .	A, and send	to:			
SCTA c/o Darren Opel 4850 Dennwood Drive Sheboygan, WI 53083						
Membership and charitable co Lower Tournament and Required to participate in	League entry fees	s	Helping and muc		tennis in She	boygan County



Sheboygan County Tennis Association