



OMAHA TENNIS ASSOCIATION – MEMBERSHIP REGISTRATION FORM

New Member _____ Renewal _____

Today's Date: _____

Personal Information

Last Name: _____ First Name: _____ Birthdate: _____ NTRP Rating: _____
Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Secondary Phone: (____) _____ ☐ Cell ☐ Work Other: _____
Email Address: _____ ☐ Please contact me regarding OTA volunteer opportunities

OTA Annual Membership (Check one - Checks payable to **OTA**)

☐ Single Adult	\$20	If family membership, list additional household members. ☐ Permission to include children's names in the OTA Roster Book.
☐ Junior	\$10	
☐ Senior	\$15	
☐ Family	\$30	

Spouse: _____ NTRP: _____ Secondary Phone: _____ ☐ Cell ☐ Work
Child: _____ Child: _____
Child: _____ Child: _____

Amount Included for OTA Membership \$ _____

OTA Development Fund - Tax Deductible Donation (Checks payable to **OTA Development Fund**)

☐ Club Contributor	\$50 or less	\$ _____
☐ Champion Benefactor	\$51 -150	\$ _____
☐ Professional Patron	Over \$150	\$ _____

Please use my Development Fund donation for: ☐ Schools Programs ☐ Junior Scholarships ☐ Inner City Tennis Development
☐ Omaha Tennis Buddies/Special Olympics ☐ Light the Courts at Koch
☐ Where it is most needed

Amount Included for Tax Deductible OTA Development Fund Donation \$ _____

Return this form & payment to:

Omaha Tennis Association
PO Box 642044
Omaha, NE 68164

Total Amount Enclosed \$ _____