Bellingham Pickleball Club (BPC)

The mission of the Bellingham Pickleball Club is to promote the development of pickleball skills, facilities, and community in the greater Bellingham area.

Name:		(Please Print Clearly)	
Email:		Phone #:	_
Address or Neighborhood	/ City		
I'm interested in being inv	olved in club development: Yes	Maybe Not at this time _	
		or check to Bellingham Pickleball Club (E nt. \$20 too much for you? Pay what yo	
Please send your membersh Bellingham Pickleball Club, (<i>ip form and check to:</i> C/O Terri Vossbeck; 1033 Sunset Ave, I	Bellingham WA 98226;	
Or give to: Terri Vossbeck; I	Maggi Kriger; Bernadette Ryan; Barbar	ra Goebel; Catharine Vader	
Email for questions about m	nembership form: bellinghampickle@g	gmail.com	
AGREEMENT, RELEASE & W	AIVER OF LIABILITY:		
be used by the BPC for this I		b updates. My personal information wil any other organization without explicit ones.	•
sports activity involved. As erelease, waive and hold hard owners & lessors of premise	evidenced by my signature, I hereby, for mless the Bellingham Pickleball Club (E	I will be exposed because of the nature for myself, my heirs, administrators and BPC), sponsors, advertisers and, if applilies to any manner of damages/claims of some currently carry insurance.	l assigns, icable,
Members are reminded of t	emselves in a civil manner, both on the he goal to provide an environment wh portantly, "have fun" while doing so.	ne courts and on the sidelines. here all participants can play the game	to
I consent for BPC to use or o	distribute any record of pickleball even	nts which might include my image or vo	oice.
Yes No			
Signature:	Date:	Amount \$	
For Administration Only:			
Amount paid: \$	(check or cash) Accepted by	Date	
Receipt No.	Date Treasurer init	itials	