



ATS MEMBERSHIP

2019 Application Form

FIRST NAME _____ M.I. _____ LAST NAME _____
 ADDRESS _____ CITY/TOWN _____ STATE _____
 ZIP _____ COUNTY _____ EMAIL _____
 HOME PHONE _____ CELL _____
 DATE OF BIRTH: M/D/YYYY ____/____/____

JUNIORS: SOME OF THE ATS TOURNAMENTS MAY ARRANGE THROUGH THE USTA KY FOR SPECIFIC TOURNAMENTS TO BE SANCTIONED. YOU SHOULD INQUIRE OF EACH TOURNAMENT DIRECTOR WHETHER HIS/HER TOURNAMENT WILL BE USTA KY SANCTIONED AND, IF SO, THE APPLICABLE AGE REQUIREMENTS.

SELECT THE NTRP (NATIONAL TENNIS RATING PROGRAM) LEVEL THAT YOU WILL BE COMPETING IN THIS SEASON:
 _____ (A = 4.0 & OVER), _____, (B = 3.0 & 3.5) _____, (C = 2.5 & BELOW)

***** **ATS OFFICIAL COMPLETE ITEM BELOW** *****

Person Handling this Application: X _____ APPLICATION DATE: ____/____/____ 2019

AMOUNT PAID \$ _____ CASH _____ CHECK _____ BOTH _____ CHECK AMT. ____/____

CHECK NO. _____ CASH AMT. _____ TOTAL \$ _____

MEMBER OR RENEWAL? _____ NEW MEMBER _____ (OR) RENEWAL

PLEASE CHECK A DIVISION: Northern Division _____ Southern Division _____

\$25.00
Membership Fee
SEASONAL
 EXP. DECEMBER 31, 2019
Non-Player Membership
\$15.00

NEW MEMBER ID: _____
 ASSIGNED BY ATS OFFICIAL ONLY

VISIT OUR WEBSITE
www.atstennis.net
 for
 "ATS General Rules"

SEND APPLICATION WITH PAYMENT TO:

JIM VANOVER
 % CATHY JUSTICE
 126 Trivette Dr. Suite 302
 PIKEVILLE, KY 41501

606-794-4161 - CELL
 606-437-7847 - FAX
jvanover@vhblaw.com

