



ATS MEMBERSHIP

APPLICATION

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 TO COMPLETE ITEMS BELOW *******

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

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

ATS Membership Expires Each Year on December 31st

Non-Player Membership

\$15.00

NEW MEMBER ID: _____
ASSIGNED BY ATS OFFICIAL ONLY

SEND APPLICATION WITH PAYMENT TO:

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

JIM VANOVER
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606-437-7847 - FAX
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Make Checks to:
"Appalachian Tennis Series"

