



Application for USPTA membership

Please print clearly in blue or black ink using all CAPITAL LETTERS.

Date / /

General information

Ms. Applicant's last name Mr. First name MI

Mailing address (Street/P.O. Box)

City State ZIP

Home phone - - Work phone - -

Birthdate / / Social Security number - - e-mail

If not a U.S. citizen, please list your Green Card No.

UPS Shipping address (if mailing address is P.O. Box)

City State ZIP

Tennis-teaching experience

Begin with current or most recent employment. If more room is needed, please attach a separate sheet.

Job title Start date End date
Employer/club
Employer's address
City State ZIP Phone

Job title Start date End date
Employer/club
Employer's address
City State ZIP Phone

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Employer/club
Employer's address
City State ZIP Phone

Do you have influence on purchasing decisions at your facility? Yes No



Playing experience

Please enter NTRP or Tencap rating: NTRP rating .

Tencap rating

Do you currently hold ATP or WTA points? Yes No

Please list all national, sectional or state rankings: _____

References

Please give name and telephone number.

Scheduling an exam

Please choose a date from the list of exams in your membership packet, or go to uspta.com, "Membership," "Testing schedule" for a list of dates. Your application and fees must be received 21 days before the exam.

Exam date / /

Exam city State

I have not selected an exam date and site. I will do so later.

Payment information

Payment is enclosed for the following items (fees are included on the enclosed Dues and Fees Schedule):

Application fee \$.

Prorated dues \$.

TOTAL ENCLOSED \$.

Please make checks payable to USPTA and mail to address on front. Or you may fax it to (713) 978-6409. If you charge your USPTA application fee and dues, please fill out the information below.

Visa MasterCard

Card No. - - - Exp date / Month Year

Signature _____ Date _____

USPTA bylaws & code of ethics

I agree to abide by the USPTA bylaws and code of ethics, as set forth on USPTA's Web site at www.uspta.com, and do all in my power to preserve and enhance the image of the tennis-teaching profession.

Signature _____ Date _____

Please do not write in this section. For office use only.

AP. REC	TEST SIGN UP
DIVISION	APFEE. PD CK#
PENDING INPUT	PR. D. PD CK#
MEM. NUM	
MEM. GUIDE MAILED	

