San Diego County Tennis Umpires Association
Membership Application

Name_____.
First Middle Last

Address_____.

Home Phone _____ Cell_____.

E-mail_____ Fax_____.

Social Security Number_____.

USTA Number_____Exp iration Date_____.
.
USTA Official Certifications ___ General ___ Line ___ Chief
(P N U S P I)
___ Referee ___ Chair

First Year Certified_____.

Annual Dues Received _____Date _____.Check No._____.

Shoe Size _____ M F (circle one)

Shirt Size S M L XL XXL M F (circle one)

Pant Size _____ M F (circle one)

Instructions: Mail completed form to the address below and include a $30 check payable to "SDCTUA".

SDCTUA
c/o Michael Kelley
14636 Vintage Dr.
San Diego, CA 92129

In case of emergency notify:

Name_____.

Address_____.

Phone_____.

Signature_____

This information is intended for the sole use of the San Diego County Tennis Umpires Association. Disclosing, copying or distributing the contents of this information is strictly prohibited.