

OTA ASSOCIATE MEMBERSHIP FORM

Associate Member Name:

Mailing Address:

City:

Postal Code:

Phone: () _____

Fax: () _____

Region: _____

E-mail:

Contact Name:

(please print)

Position:

Please return this form with the Associate fee (cheques payable to **Ontario Tennis Association**)
to:

ONTARIO TENNIS ASSOCIATION
c/o Club Membership Manager
Aviva Centre
1 Shoreham Drive, Suite #200
Toronto, ON
M3N 3A7