

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 Membership & Regional Development Manager
Sobeys Stadium
1 Shoreham Drive, Suite #200 Toronto, ON
M3N 3A7

