

## OTA PARKS & RECREATION MEMBERSHIP FORM

Municipal Parks and Recreation Name:

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact Name: \_\_\_\_\_  
(please print)

Position: \_\_\_\_\_

Please return this form with the \$175 affiliation 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

