

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 \$100 affiliation fee (cheques payable to **Ontario Tennis Association**) to:

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