



ATS MEMBERSHIP

2024 Application Form

FIRST NAME _____ M.I. _____ LAST NAME _____

ADDRESS _____ CITY/TOWN _____ STATE _____

ZIP _____ COUNTY _____ EMAIL _____

HOME PHONE _____ CELL _____

DATE OF BIRTH: M/D/YYYY ____/____/____

JUNIORS: SOME OF THE ATS TOURNAMENTS MAY ARRANGE THROUGH THE USTA KY FOR SPECIFIC TOURNAMENTS TO BE SANCTIONED. YOU SHOULD INQUIRE OF EACH TOURNAMENT DIRECTOR WHETHER HIS/HER TOURNAMENT WILL BE USTA KY SANCTIONED AND, IF SO, THE APPLICABLE AGE REQUIREMENTS.

SELECT THE NTRP (NATIONAL TENNIS RATING PROGRAM) LEVEL THAT YOU WILL BE COMPETING IN THIS SEASON:

_____ (A = 4.0 & OVER), _____, (B = 3.0 & 3.5) _____, (C = 2.5 & BELOW)

You may only receive points in 3 events. Please list the 3 events you want points in below:

1. _____ 2. _____ 3. _____

***** **ATS OFFICIAL COMPLETE ITEMS BELOW** *****

Person Handling this Application: _____ APPLICATION DATE: ____/____/2024

AMOUNT PAID \$ _____ CASH _____ CHECK _____ BOTH _____ CHECK AMT. \$ _____

CHECK NO. _____ CASH AMT. \$ _____ TOTAL \$ _____

MEMBER OR RENEWAL? _____ NEW MEMBER _____ (OR) RENEWAL

PLEASE CHECK A DIVISION: Northern Division _____ Southern Division _____

\$25.00

Membership Fee

SEASONAL
EXP. DECEMBER 31, 2024

**Non-Player Membership
\$15.00**

NEW MEMBER ID: _____
ASSIGNED BY ATS OFFICIAL ONLY

VISIT OUR WEBSITE
www.atstennis.net
for
"ATS General Rules"

SEND APPLICATION WITH PAYMENT TO:



JIM VANOVER
225 Hambley Blvd.
PIKEVILLE, KY 41501

606-794-4161 - CELL
606-437-7847 - FAX
jvanover@vhblaw.com

Make Checks to:
"Appalachian Tennis Series"

