



CRTA Membership Form:

Name: _____

Address: _____

Home /Cell Phone: _____

E-mail: _____

Annual dues: Single \$15 _____ Family \$20 _____ Junior \$10 _____

If junior, age _____ School _____

If family, other names/ages: _____

Are you a USTA member? _____ USTA Rating (if known): _____

Make checks payable to: CRTA

Mail to: Sally Ruud, CRTA Treasurer, W5599 Southdale Drive, La Crosse, WI 54601