

Date _____ NTJA Number _____

USTA-NTJA Membership/Dues Form

First Name

Last Name

Address

City

State

Zip

Phone 1

Phone 2

E-Mail Address

Certified Judge

Non-Judge Member

Certified in _____ TU _____ TR _____ DM

Dues Paid \$ _____ Check

Received

of: _____

Revised 10/03