



**CITY OF ANNA MARIA
RESIDENT PICKLEBALL
MEMBERSHIP APPLICATION**



Choose one: () Owner () Renter/Lessee

Name: _____

Anna Maria Address: _____

Email Address: _____

Current Center Member: Yes No

If (Yes) Member # _____

Exp. Date: _____

The individual named above is a resident in the City of Anna Maria and is being issued an ID Badge for pickleball membership at The Center.

Only one (1) ID badge will be issued per member.

ID Badges are valid for one (1) year from date of issue or until the City of Anna Maria recalls or voids.

This registration information is for the use of City and/or public safety officials and is considered to be public information, subject to the terms and limitations of Florida State Statutes.

A photo ID and proof of residency is required for verification to obtain an ID Badge.

Signature of Owner/Resident _____ **Date** ____/____/____

Signature of Staff _____ **Date** ____/____/____

Badges remain the property of the City of Anna Maria.