



MEMBERSHIP APPLICATION FORM

SURNAME _____

CHRISTIAN NAMES _____

(For FAMILY Membership, please include Christian names of each family member and, in the case of Juniors and Students, state their AGE after their name.)

ADDRESS _____

TELEPHONE NUMBER _____

EMAIL ADDRESS _____

(Certain correspondence will only be sent via email so please list an email address if possible.)

MEMBERSHIP CATEGORY (Please tick appropriate box)

SENIOR	\$75.00	<input type="checkbox"/>	\$ _____
FAMILY (Dependent children must be full-time			
students up to 23 years)	\$135.00	<input type="checkbox"/>	\$ _____
STUDENT (Full-time student 16-23 years)	\$50.00	<input type="checkbox"/>	\$ _____
JUNIOR (8-15 years)	\$35.00	<input type="checkbox"/>	\$ _____
RESTRICTED (Tuesday social play only)	\$40.00	<input type="checkbox"/>	\$ _____
<i>MEMBERSHIP JOINING FEE</i>			\$20.00
<i>WORKING BEE LEVY (refundable on attendance at working bee)</i>			\$20.00
<i>COURT KEY (OPTIONAL)</i>	\$20.00	<input type="checkbox"/>	\$ _____

FEES ENCLOSED \$ _____

ARE YOU INVOLVED IN THE SCHOOL OR PARISH? YES NO

PROPOSED BY _____ SECONDED BY _____

Do you wish to hear news about the St Vincent's Tennis Club Golf Group? YES

PLEASE RETURN THIS FORM AND FEES TO:

Contact: stvincentstennisclub@hotmail.com
Phone: 93798979

The Treasurer
St Vincent's Tennis Club
PO Box 231 North Essendon VIC 3041