

**MEMBERSHIP APPLICATION FORM 2019/2020**

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| **INDIVIDUAL** | **FAMILY** |
| SURNAME: |  | SURNAME: |  |
| FIRST NAME: |  | FIRST NAME: |  |
| DOB:  |  | (Junior & Students only) | FIRST NAME: |  |
| **CONTACT DETAILS** | **CHILDREN (full-time students up to 23 years)** |
| ADDRESS: | NAME: |  | DOB: |  |
|  | NAME: |  | DOB: |  |
|  | NAME: |  | DOB: |  |
|  | NAME: |  | DOB: |  |
| CONTACT NO: |  | NAME: |  | DOB: |  |
| EMAIL ADDRESS (for invoices and club notices): |
| **MEMBERSHIP START DATE** |  | (Please enter date you would like membership to start) |
| **MEMBERSHIP CATEGORY** (Please tick a box below) | √ | Please write Amount |  |
| JOINING FEE |  | $20 |  |
| FAMILY ($170) |  |  |  |
| SENIOR ($105) |  |  |  |
| JUNIOR 8 – 15 Years ($ 65) |  |  |  |
| FULL-TIME STUDENT 16 – 23 Years ($70) |  |  |  |
| RESTRICTED Tuesday Social only ($60) |  |  |  |
| COURT KEY ($20)(Optional for Senior & Family memberships only) |  |  |  |
| **TOTAL DUE ON APPROVAL:** |  |  |  |  |
| **ARE YOU INVOLVED IN THE SCHOOL OR PARISH?**  | **YES** |  | **NO** |  |
| **PLEASE SUBMIT COMPLETED APPLICATION FORM:** |
| **BY EMAIL** | **BY MAIL** |
| stvincentstennisclub@hotmail.com.au | The President, St. Vincent’s Tennis Club,PO Box 231, Essendon North VIC 3041 |
| Please note: Membership applications are subject to approval by the club committee.  Once approved, payment will be requested by invoice which will be due upon receipt.  In order for members to be covered by Tennis Victoria Membership your personal details will be provided to them.  If you do not wish this to happen please notify us.  |