



**PLEASE PRINT
CLEARLY**

APPLICATION FOR MEMBERSHIP 2018

Surname: First Name:

Postal Address: (for Membership Card).....

.....**EMERGENCY CONTACT**.....

Phone: Mobile..... Date of Birth:/...../.....

Email: **WRITE CLEARLY TO ENSURE YOU CAN RECEIVE NEWS ETC**

TICK TYPE OF MEMBERSHIP REQUIRED

Membership Subscription for 1st January, 2018 to 31st December, 2018

(includes Tennis NSW Personal Insurance)

() Adult (over 18)..... **Yearly**
\$90:00

() Family (2 adults 2 children)..... **\$190:00**

() **Junior (18 & Under)** **Use Junior Registration Form**

On behalf of myself and all applicants (if a family), I request that you enter my name (s) on the register of members and agree that I/we shall be bound by the Memorandum of Articles of Association, Rules and/or By Laws of the Club.

FAMILY MEMBERSHIP

Additional Adult: Name.....DOB.....

Names & DOB of Children (school children only)

1.....**dob**.....3.....**dob**.....

2.....**dob**.....4.....**dob**.....

Signature of Applicant.....**DATE**.....

Club Official.....**DATE**.....

Date paid:
Amount:
EFT: <input type="checkbox"/>

EFT DETAILS: Mullumbimby Tennis Association **SCCU:** **BSB:** 722-744 **ACCOUNT:** 100091616 **Ref:** your name
If paying by EFT please complete form and leave at clubhouse or post to PO Box 1276 Mullumbimby NSW 2482