



## APPLICATION FOR MEMBERSHIP 2020

Surname: ..... First Name: .....

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

.....EMERGENCY CONTACT.....

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

**Email:** .....

### TICK TYPE OF MEMBERSHIP REQUIRED

Membership Subscription for 1<sup>st</sup> January, 2020 to 31<sup>st</sup> December, 2020

(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**.....

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

**EFT DETAILS:** Mullumbimby Tennis Association    **SCCU:**    **BSB:** 722-744    **ACCOUNT:** 57243    **Ref:** your name  
If paying by EFT please complete form and leave at clubhouse or post to PO Box 1276 Mullumbimby NSW 2482