



JUNIOR

APPLICATION FOR JUNIOR MEMBERSHIP 2020

Surname: First Name:

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

PARENT NAME & CONTACT.....

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

Email:

Membership Subscription for 1st January, 2020 to 31st December, 2020
(includes Tennis NSW Personal Insurance)

() Junior (18 & Under)..... **\$30:00**

() Family (2 adults (\$90 EA) 2 children)..... **\$190:00**

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 ApplicantDATE.....

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

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

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