



P.O. Box 752, Mona Vale 2103. Phone (02) 9997 3333.

[www.bayviewtennis.com](http://www.bayviewtennis.com)

## MEMBERSHIP APPLICATION FORM

(1) NAME IN FULL: Mr/Mrs/Ms.....  
(SURNAME) (GIVEN NAMES)

(2) ADDRESS: a) Residential..... Postcode.....

b) Postal.....Postcode.....

(3) CONTACT DETAILS: Phone (Home).....Mobile.....  
Email: .....

(4) ORDINARY MEMBERSHIP: (AGE-please tick) - (18 – 40)..... (40 – 60)..... Over 60.....

**OR**

JUNIOR MEMBERSHIP: (*Under 18 as at 1<sup>st</sup> July*); (D.O.B.)..... / ..... / .....  
(DAY / MONTH / YEAR)

(5) DETAILS OF CURRENT MEMBERSHIP TO ANY OTHER TENNIS CLUB:  
.....

(6) YOUR TENNIS INTEREST: (please tick): Playing Competition.....Playing Social only.....Both.....

(7) PLEASE SPECIFY YOUR TENNIS EXPERIENCE OR RATING BY A TENNIS ASSOCIATION:  
.....

▪ **DECLARATION:**

As a member I agree to abide by the Club's Constitution and its Clubhouse and Court By-Laws and Etiquette.

Signed.....

Date.....

FOR OFFICE  
USE ONLY

Date Received				
Date Acknowledged				
Date Joined				
Key Number	Amount Paid	Date Paid	Date returned	Amount Reimbursed