



# CHARMHAVEN TENNIS CENTRE

*Caring for our community*

2021/2022 MEMBERSHIP FORM

Member Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address \_\_\_\_\_

Home Ph: \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Gender \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

Emergency Contact Ph: \_\_\_\_\_

Medical Condition/s: \_\_\_\_\_

Medication Taken: \_\_\_\_\_

**Please Tick**

Membership Renewal:   
New Member (Full):   
New Member (Associate)

*By signing below, I hereby agree that I have read and agree to the conditions of membership, code of behaviour and any other relevant policy which may be in effect during the relevant year for which I hold membership and further agree to pay the relevant membership fee of \$30.00 for full member and \$15.00 for associate member in order to complete my membership.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (If Applicable) \_\_\_\_\_

\_\_\_\_\_ *New Members ONLY need to complete the below* \_\_\_\_\_

Moved By (Full Name) \_\_\_\_\_ Signature \_\_\_\_\_

Second by (Full Name) \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_ *Office USE below* \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_