



# CHARMHAVEN TENNIS CENTRE

*Caring for our community*

## 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 Member)       New Member (Associate Member)

*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 course of 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.*

Applicant Full Name: \_\_\_\_\_

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

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

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

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

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