



# MEMBERSHIP APPLICATION FORM

NEW

RENEWAL

*\* compulsory*

Surname\* \_\_\_\_\_

First name(s)\* \_\_\_\_\_

Postal address\* \_\_\_\_\_

Suburb\* \_\_\_\_\_

Postcode\* \_\_\_\_\_

Male  Female  Date of birth\* \_\_\_\_\_

Home number\* \_\_\_\_\_

Mobile for wet weather\* \_\_\_\_\_

Email for enewsletter \_\_\_\_\_

Membership Type    Adult \$45     Under 18 \$28     For Family discount see below.

Under 18 only: Mothers Name \_\_\_\_\_ Fathers Name \_\_\_\_\_

**Family Discount:** If 3 or more family members join you will receive a \$5 reduction on each membership fee.

Family membership names: \_\_\_\_\_

Family membership names: \_\_\_\_\_

### Photo Permission

I give the Picton Tennis Association permission to use photos of myself and my child/ren for the purposes of praising, achievement & advertising/marketing the club. I am aware that photo/s will be published on the website, newspaper publicity, brochures &/or e-newsletters. I do/do not give permission for my child's first name to be printed along side the photograph. I am also aware that I have the right to revoke permission for use at any time.

Signature \_\_\_\_\_

### Contact details Permission

The records, books and any other documents of the Club shall be open to inspection, free of charge, by a member of the Club at any reasonable hour.

I do not wish my contact details to be available.

Signature \_\_\_\_\_

### Advertising permission

I wish to receive direct marketing from;

Tennis Australia     TNSW     Picton Tennis Club

Name of proposer \_\_\_\_\_ Signature of proposer \_\_\_\_\_

Name of seconder \_\_\_\_\_ Signature of seconder \_\_\_\_\_

### Payment options:

**Cash or Cheque** In person to any committee member or competition organizer or post your payment with this form. Please make cheques payable to Picton Tennis Association Inc. Post payment & this form to:- The Treasurer, Picton Tennis Club, PO Box 57 Picton, NSW 2571

**EFT** Contact club for EFT details.

**Please note:** All applications for membership are subject to ratification at the next committee meeting after payment is received. By signing below you agree to the above conditions and will abide by all regulations, rules and directives issued by the Picton Tennis Club Committee.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Committee Use:

Name \_\_\_\_\_ Date paid \_\_\_\_\_ Total paid \$ \_\_\_\_\_

Membership No. \_\_\_\_\_ Adult \$45  Under 18 \$28  Family \_\_\_\_\_