BAYVIEW TENNIS CLUB
P.O. Box 752, Mona Vale 2103. Phone (02) 9997 3333.
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 1st. July);*** (D.O.B.)..... /...../.....
(DAY / MONTH / YEAR)

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

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

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

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- DECLARATION: As an applicant I will agree to attend an "Orientation Day" to meet the Committee and play tennis. Should membership be granted, 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