MEMBERSHIP APPLICATION FORM

FERNY HILLS
tennis centre

NAME/S:

1/…… DOB:……..…..

2/…… DOB:……

3/…… DOB:……

4/…… DOB:……..……..

ADDRESS: ……...

SUBURB:……. POST CODE: ……..……

CONTACT PERSON: ……. HOME PH:……..

WORK PH: ……..…… MOBILE:…….

EMAIL ADDRESS:…….……..

OCCUPATION / SCHOOL:…….…….

EMPLOYER / BUSINESS:…….……..

PLEASE CIRCLE YOUR PREFERENCE:-

SUNDAY FAMILY MEMBERSHIP	**6MTH ($89)**	**12MTH ($129)**
ADULT SINGLE MEMBERSHIP		**12MTH ($299)**
ADULT COUPLE MEMBERSHIP		**12MTH ($399)**
FAMILY MEMBERSHIP		**12MTH ($449)**
CORPORATE MEMBERSHIP		**12MTH ($599)**

In making this application and in the event of my admission as a member, I agree to be bound by the terms and conditions of membership and the rules of the club.

Signature of applicant/s: (adults only)

1/……2/…….

Office to complete

Start Date: …….. Expiry Date:……..

Membership No: …… Staff Member: ……

Payment Method: Cash / Cheque / EFT / Direct Debit