



# MEMBERSHIP APPLICATION FORM

## Tennis Seniors ACT

P.O. Box 885 Belconnen ACT 2616

President: Pat Moloney T +61 2 6262 3727 Email patmol1@bigpond.com

Secretary: Gail Jones T +61 2 6254 4240 F +61 2 6278 4230 Email b-g.jones@bigpond.com.au

My Tennis ID	SURNAME	APPLICANT/S DETAILS			MOBILE PHONE
		FIRST NAME	SEX (M/F)	D.O.B	

1) \_\_\_\_\_

2) \_\_\_\_\_

ADDRESS \_\_\_\_\_

SUBURB \_\_\_\_\_ POSTCODE \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE (H) \_\_\_\_\_ PHONE 1(B) \_\_\_\_\_

PHONE 2(B) \_\_\_\_\_

- I choose to receive information and VetSet via email from Tennis Seniors ACT
- I choose to receive information from Tennis Seniors Australia
- I choose to receive information via email from Tennis ACT
- I choose to receive information via email from Tennis Australia

### MEMBERSHIP DETAILS

CATEGORY (PLEASE TICK)	FEE	TOTAL FEES PAYABLE
<input type="checkbox"/> FULL MEMBERSHIP	See note below	
<input type="checkbox"/> VETSET ONLY	\$5.00	

First Member - Signature \_\_\_\_\_

Date: \_\_\_\_\_

Second Member - Signature \_\_\_\_\_

Date: \_\_\_\_\_

#### Club Membership Conditions

. For the first half of our financial year (July to December) members will be required to pay \$20. For the second half of the financial year (January to June) to coincide with the Pilot Study and the introduction of the 'user pay' principal there will be no membership fee.

#### Post to:

The Treasurer, Tennis Seniors ACT Inc, PO Box 885 Belconnen ACT 2616'  
 or Direct deposit via internet banking- Name of Account Tennis Seniors ACT Inc  
 BSB-062-900 Account number 1048 3075

Form must be filled out and returned with banking receipt

#### Privacy Statement

Tennis Seniors Australia requires the information requested on this form to provide you with membership services and related purposes, which can reasonably be expected. Your personal information will only be used in accordance with the purposes of TSA.