**TRARALGON TENNIS ASSOCIATION INC MEMBERSHIP FORM**

**OCTOBER 01, 2017 TO SEPTEMBER 30, 2018**

**I/We do hereby make an application to be a Member of the Traralgon Tennis Association Inc.**

**Name**

**Mailing Address**

**Phone**

**Email**

**Date of Birth (Juniors Only)**

**MEMBERSHIP OPTIONS – PLEASE TICK – *PAYMENT DUE BY SATURDAY NOVEMBER 04, 2017***

**$sssss $150.00 General $210.00 (including Saturday Summer Ball & Playing fees)**

**$**

**$**

**Adult**

**$110.00 General $170.00 (including Saturday Summer Ball & Playing fees)**

**Concession/**

**Student**

**$145.00 (including ball and playing fees) $175.00 (including Saturday afternoon ball &playing fees)**

**Junior**

**$340.00 (including 2 adults and 3 children)**

**Family**

**SPRING NIGHT TENNIS SEASON MEMBERSHIP -** **September to December 2017**

**Adult $80.00 Concession/ Student $60.00**

**SUMMER NIGHT TENNIS SEASON MEMBERSHIP – February to May 2018**

**Adult $80.00 Concession/ Student $60.00**

**If paying for a family membership please list names and Date of Birth for all family members.**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please see over for payment details**

**Method of Payment**

**🞎 Cash**

**🞏 Cheque**

**🞏 Credit Card**

**Cardholder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**🞏 Direct Credit**

**BSB 193-879**

**Account No. 431690293**

***If paying by direct credit please put a note with your payment or email Susie so that we know you have paid.***

**I/We agree to abide by the rules, by-laws and the constitution of the Traralgon Tennis Association Inc. Membership becomes effective on receipt of this application form and payment of membership fees. *Please sign***

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

***It would really be appreciated if you could please pay your membership by the due date. We don’t insist you pay before the season starts, like many other sporting clubs so we would really appreciate your co-operation by paying by Saturday November 04, 2017. If you do have any problems with paying by the due date please do not hesitate to come and see me or give me a call.***

***We would appreciate night tennis memberships paid within the first two weeks of play.***

***Thank you so much***

***Susie Grumley***

***Traralgon Tennis Association Manager***

***0448 551 610***