



**TRARALGON TENNIS ASSOCIATION INC MEMBERSHIP FORM**

**OCTOBER 01, 2023, TO SEPTEMBER 30, 2024**

Name

Mailing Address

Mobile Phone

Email

Date of Birth (Juniors Only)

**12 MONTH MEMBERSHIPS**

ADULT \$160.00

CONCESSION / STUDENT \$120.00

JUNIOR \$155.00 includes Saturday Morning Ball and Playing Fees

FAMILY (2 adults/3 children) \$350.00 (does not include Saturday morning Junior Ball and Playing Fees)

**Please note that all Twelve-Month Memberships are due and payable by Monday October 30, 2023**

**NIGHT TENNIS SEASON MEMBERSHIPS**

|                                     |               |                    |
|-------------------------------------|---------------|--------------------|
| SPRING August 2023 to November 2023 | \$90.00 ADULT | \$70.00 CONCESSION |
| SUMMER February 2024 to May 2024    | \$90.00 ADULT | \$70.00 CONCESSION |

**Spring Night Tennis Memberships are due and payable by Friday September 15, 2023**

*Please remember if you pay a Night Tennis Season Membership you are only covered for that season you are playing in. Should you choose to play in the Summer Twilight comp you will need to pay another Night Season Membership. It is more economical for you to pay a yearly membership and have full access to the courts and comps throughout the year.*

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. \_\_\_\_\_

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.

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

Payment can be made by Cash, Cheque, Credit Card or Direct Credit, details over page

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

**Direct Credit Details**

**BSB** 033-259  
**Account No.** 426714  
**Westpac**

**Credit Card Details**

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

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

*Thank you so much*

*Susie Grumley  
Traralgon Tennis Association Manager*

*0448 551 610  
sec@traralgontennis.com*

**Office Use Only**

**Date Paid** \_\_\_\_\_

**Amount** \_\_\_\_\_

**Payment Type** \_\_\_\_\_

**Membership Card Number** \_\_\_\_\_