

Kippax Tennis Club Inc.

Cnr Souther Cross Dr & Moyes Cres – HOLT

P.O Box 102, Kippax ACT 2615

ABN 96 880 670 483

Application to Join/Renew Membership 2017/2018

CLUB MEMBERSHIP:

1. Single Adult Membership – any person 19 years and over at the time of application
2. Junior Membership – any person under 19 years at the time of application (junior members attaining the age of 19 must convert to an adult membership when next renewing).
3. Family membership – comprises of a maximum of **two** adults and any number of dependent children.

MEMBERSHIP FEES:

CATEGORY	ANNUAL FEE
Family Membership (FM)	\$220
Adult Membership (AM)	\$110
Junior Membership (JM)	\$45
Senior Card Holder Membership (SM)	\$105

TYPE OF MEMBERSHIP REQUESTED:

- New Membership Renewal Key (\$15)
- Family Adult Junior Senior

Enter the details of persons covered by this membership – DOB of ALL members required.

SURNAME	NAME	DOB	M/F	M'SHIP CATEGORY

ADDRESS:

EMAIL:

PHONE (H):

(W):

(MOB):

I hereby apply to join/renew the Kippax Tennis Club and enclose payment for \$_____ and agree to abide by the rules and by-laws governing the activities of the club.

Signed: _____ Date: ____/____/____

Direct Debit: Account Name: Kippax Tennis Club BSB: 062-911 Account #: 10109317 Reference: Membership Surname	Forward form and remittance of payment: kippaxtennis@hotmail.com or The Membership Secretary Kippax Tennis Club P. O Box 102 Kippax ACT 2615
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Privacy Statement: Tennis ACT 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 Tennis ACT. You can access your personal information through Tennis ACT upon reasonable notice.