



Membership Application & Renewal Form Hastings Tennis Club Inc.

54 Marine Parade Hastings, VIC 3915.

A.B.N. 31 625 289 297. P.O. Box 139 Hastings, VIC 3915.

Club Rooms: 5979 1675. President: 0418 368 027. Secretary: 0447 576 928.

MY DETAILS

Name:	Today's Date:	
Address:	Date Of Birth:	
Email:	Mob:	Gender: Male / Female

MEMBERSHIP CATEGORY FOR 2020/21 (CURRENTLY HALF PRICE)

<input type="checkbox"/> Adult Single: \$145 Now \$72.50	<input type="checkbox"/> Junior: \$55 Now \$27.50
<input type="checkbox"/> Couple: \$198 Now \$99	<input type="checkbox"/> Social: \$85 Now \$42.50
<input type="checkbox"/> Family: \$300 Now \$150 (2 adults & 2 children)	<input type="checkbox"/> ADF & Emergency Services: \$115 Now \$57.50

	Name	D.O.B.
1		
2		
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**For membership enquiries
email HastingsTennisInc@yahoo.com.au
or call 0447 576 928**

PAYMENTS METHODS

<input type="checkbox"/> Direct Deposit Account Name: Hastings Tennis Club BSB: 633 000 Account No: 137152393 You must include your initials, surname & membership type. Email your completed membership form to: HastingsTennisInc@yahoo.com.au
<input type="checkbox"/> Cheque Please mail your completed membership form & cheque to: Hastings Tennis Club Inc. PO Box 139, HASTINGS, VIC, Australia, 3915.

APPLICATION

By signing & submitting this membership application form I accept & agree to be bound to the rules of Hastings Tennis Club.

Name:	
Signature:	Date:

PARENT/GUARDIAN APPLICATION (IF APPLICANT IS UNDER 18 YEARS OF AGE)

As a parent/guardian of the applicant (who is under 18), I agree that the applicant will be bound to the rules of Hastings Tennis Club.

Parent/Guardian Name:	
Parent/Guardian Signature:	Date: