

Parent/Guardian Signature:

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: 0401 628 669. Secretary: 0477 787 027.

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MY DETAILS		
Name:		Today's Date:
Address:		Date of Birth:
Email:	Mobile:	Gender: Male / Female
MEMBERSHIP CATEGORIES FO	R 2022/23	
Individual Membership: \$160		Junior Membership: \$155
Couple Membership: \$210		Wednesday/Thursday Social Membership: \$90
Family Membership: \$350 NameS		ADF & Emergency Services Membership: \$115
1		For membership enquiries email
2 3		HastingsTennisInc@yahoo.com.au or call 0447 576 928
4		
PAYMENTS METHODS		
Direct Deposit Account Name: Hastings Tennis C You must include your initials, su Email your completed membershi	rname & membersh	nip type.
Cheque Please mail your completed mem Hastings Tennis Club Inc. PO Box	•	•
APPLICATION		
By signing & submitting this membership ap	plication form I accept	& agree to be bound to the rules of Hastings Tennis Club.
Name:		
Signature:		Date:
PARENT/CHARDIAN ARRHEATH	ON (IF ADDLICA	NT IS UNDER 18 YEARS OF AGE)
		at the applicant will be bound to the rules of Hastings Tennis Club.
Parent/Guardian Name:		

Date: