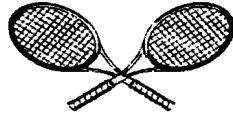


Armidale TENNIS CLUB INC.



Golf Links Road
Armidale 2350

P.O. Box 314
Armidale 2350
Ph: (02) 6771 1566
ABN: 68 860 195 776

APPLICATION FOR MEMBERSHIP

I, (full name of applicant)

hereby make application for individual / family membership
(please circle type of membership requested)
of Armidale Tennis Club Inc.

I agree to abide by the rules of the Association.

My details as requested by your Club are as follows:

Address:

Email Address:

Phone: Home Mobile

Age: Date of Birth:

Signature of Applicant: Signature of Proposer:

Signature of Seconder:

Complete the following only if application is for Family Membership

Details of my family Members are as follows:

Name of Partner: DOB

Name of Child 1: DOB:

Name of Child 2: DOB:

Name of Child 3: DOB:

This application must be accompanied by the relevant Membership Fee.

Your application will be considered at the next General Committee Meeting.

All monies will be refunded for applications not accepted.

Membership Fee may be paid through a bank deposit to:

Account Name: Armidale Tennis Club Inc

BSB: 932000

Account No: 611672

Please include your surname as Reference.

The application form can be emailed to ATC Treasurer,
Steve Glover = sglover@une.edu.au or handed to a
Committee Member or Convenor.

Membership Fee as at 1/7/21
(Which includes Tennis NSW Registration)

Seniors	\$100.00
Juniors (Under 18)	FREE
Family	\$200.00