



MEMBERSHIP RENEWAL FORM

Membership Type: Adult (\$170) Young Adult (\$100) Family (\$340) Junior (\$65)

ADULT:

Name M / F

Name M / F

(for second family member)

JUNIOR:

Name M / F

DoB/...../.....

Name M / F

DoB/...../.....

(if required please list additional family members overleaf)

ADDRESS:

Street

Suburb Postcode

Phone:

Home: Mobile

Email Address:

PAYMENT OPTIONS

Cheque: Please return completed form and cheque to: Membership Secretary, Reid Tennis Club, PO Box 249, Campbell, ACT 2612; or email ReidTennisClubACT@gmail.com

Electronic Funds Transfer: Reid Tennis Club, Commonwealth Bank, BSB 062-910, Account number 00800145 and enter your family name as the reference. Please return the completed form by post or email.

I HEREBY:

- i. agree to abide by the rules of the Reid Tennis Club
- ii. agree the above information may be provided to Tennis ACT.

SIGNATURE Date:/...../.....

Total Amount Paid: \$..... Method: please circle CHEQUE / EFT

More information about Reid Tennis Club is at play.tennis.com.au/reidtennisclub