



## MEMBERSHIP RENEWAL FORM

**Membership Type:** Adult (\$150) Young Adult (\$100) Family (\$300) 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 524, Civic Square, ACT 2608; or email [michelegrant01@gmail.com](mailto:michelegrant01@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](http://play.tennis.com.au/reidtennisclub)