



The Pines Tennis Club Inc. Membership Application



Renewal Form 2025

NAME: M / F

For family membership please see conditions below

DOB:

TELEPHONE (h):

TELEPHONE (mob):

ADDRESS:

E-MAIL:

VIKINGS CLUB NO:

MEMBERSHIP FEES:

Type (Please ✓)	Full Year Fee	Amount payable
<input type="checkbox"/> Family ^x	\$390.00	
<input type="checkbox"/> Adult	\$195.00	
<input type="checkbox"/> Pensioner [~]	\$119.00	
<input type="checkbox"/> Student ⁺	\$108.00	
<input type="checkbox"/> Junior [*]	\$87.00	
Total payable		

PAYMENT OPTIONS

1. **Cheque:** Return completed form and cheque (payable to The Pines Tennis Club Inc) to:

**The Treasurer
The Pines Tennis Club Inc
9 Mackrell Place
CALWELL ACT 2905**

2. **Electronic Funds Transfer:**

**Bank: NAB
BSB: 082 923**

A/c. No: 035 349 114 (include your name as reference)

Please return completed form by post (as above) or email to kscarlett@internode.on.net

3. Membership conditions:

- * **Family (two adults and children under the age of 19 on 1st January). List family members.**
- ~ **Pensioner (Government means tested. Type and number must be quoted and card sighted by club).**
- + **Student (full-time tertiary student under the age of 25 on 1st January).**
- * **Junior (under the age of 19 on 1st January).**

Family member details:

Name	DOB	Male / Female
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Club use only:

Receipt No: Date:

Added to Club Spark database: Date: