



www.northbeachtenniscub.com.au
Wilberforce Street, North Beach 6020
Telephone 9448 3778
PO Box 117, North Beach WA 6920
ABN 61 384 187 138

2019-2020 MEMBERSHIP RENEWAL: ADULT

Mr Mrs Miss Ms (Please circle one) *GIVEN NAME..... *SURNAME.....

PREFERRED NAME..... *DOB.....

*ADDRESS.....

*SUBURB..... POSTCODE

*PHONE Nos HOME..... and/or MOBILE.....

*EMAIL

*EMERGENCY CONTACT NAME..... MOBILE.....

MEMBERSHIP CATEGORY (see overleaf) Tick one only.

☐ LIFE ☐ FULL ☐ ASSOCIATE ☐ COUNTRY ☐ CASUAL ☐ LEAGUE ONLY
☐ PARENT ASSOCIATE ☐ SOCIAL ☐ FAMILY

JOINING DATE OF NBTC..... (Year) (Month)

*DECLARATION

I agree to be bound by the Constitution and any Regulations and/or By-Laws that may properly be issued by the Executive Management Committee acting under and within the scope of the Constitution.

I give my permission to receive newsletters and notices from the Club by email. ☐ Yes ☐ No

I give my permission for photos or video material taken at social or playing events to be published on Club social media and newsletters. ☐ Yes ☐ No

I give my permission for the Club to register my membership details with Tennis West and Tennis Australia ☐ Yes ☐ No (Refer to information overleaf).

Note: If any of the questions above are left blank, the default answer of “Yes” will be used.

Signature..... Date

Pay by direct transfer to Bankwest BSB 306035 A/c 4180085 including your name and SUB as reference. Or at the club by cash, cheque, or card. Note that payments by card will incur a \$5 admin fee for each full or associate membership (eg. if paying for two the charge is \$10).

Payment details: Amount Dir Trsfr / Cheque / Cash / Credit (Please circle one)

Office use: Payment received...../...../..... Committee/...../.....

Set list/...../..... Email list/...../.....

Note: Items marked with an asterisk (*) are mandatory.