

2009/10 FAMILY MEMBERSHIP APPLICATION FORM



**PO Box 590
Mildura
Victoria
3502**

**Club Phone
5023 7307**

Name:
Address:

Home Phone: _____ **Birthdate:** _____
Email: _____ **Mobile:** _____

Other Family Members:

1. _____ 3. _____
2. _____ 4. _____

Membership Category Last Season:
Do you wish to name Mildura Lawn Tennis Club Inc as your Primary Club YES / NO

Category Number	Please Print Category Description	FEE
Membership Category Required for 2009/10 Season		
Tennis Victoria Player Registration Fee	If you wish to name Mildura Lawn Tennis Club as your Primary Club please add \$24	
	If you do not wish to name Mildura Lawn Tennis Club as your Primary Club please Include your current Tennis Victoria Player Registration Number here;	
Donation to the Club (Do you wish to be acknowledged for this donation YES / NO)		
Sub Total		
Office Use: Volunteer Levy	You are entitled to subtract the following amount from your 2009/10 membership because you introduced a new member, or members last season. THANK YOU.	
Total Amount Payable		

I Hereby apply for membership to The Mildura Lawn Tennis Club in the category listed above and agree to abide by the rules of the association.
(Please print your name)

Signed.....Date.....

Please return this application with your payment either by post or in person by 31st October and go into the draw to win a free membership for next season.

OFFICE USE ONLY		TOTAL AMOUNT RECEIVED	
DATE RECEIVED		RECEIPT NUMBER	
PROCESSED BY		TAGS GIVEN	