

MEMBER RENEWAL & NOMINATION 2023/2024

Note - membership application and renewal is available online <https://play.tennis.com.au/sorrentotc/Membership/Join>

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ABN 16 824 280 014

www.sorrentotennisclub.com.au

Email: admin@sorrentotennisclub.com.au

To the Committee of Management,

I/We wish to renew membership/ become a member of Sorrento Tennis club and, if accepted, agree to conform to and abide by the Constitution, Rules and By-Laws of the Club.

ADULT (Please note - your Date of Birth & email is necessary to meet Tennis Australia requirements)

Last name _____ First Name _____ M/F DOB ____/____/____

Last name _____ First Name _____ M/F DOB ____/____/____

JUNIOR (under 18 at 1 July)

Last name _____ First Name _____ M/F DOB ____/____/____

Last name _____ First Name _____ M/F DOB ____/____/____

Contact details

Address: _____ Post Code _____

Phone: (Home) _____ (Mob) _____ (Bus) _____

Email: _____

Emergency Contact details

Name _____ Phone number _____

I am interested in assisting the club as a volunteer - in any role or, in a specific area _____

I do/ do not give permission for my child/ren's photographs to be used in the club's newsletter/ website/ promotional material

SIGNATURE _____ Date ____/____/____

Your application is conditional upon the following:

1. Payment of fees with this application.
2. Ability to play tennis at an acceptable standard.
3. Acceptance by the Executive Committee of the Club.

	Adult	Junior	Couple	Family	Associate (non playing)	3Month	6Month	Parent*	Concession **	YOU PAY:
Renewal Fee	\$275	\$106	\$459	\$564	\$43	\$117	\$173	\$113	\$245	\$
Gold Option	\$100		\$200	(to waive all social playing fees - add \$100 per adult)					\$90	\$
Night Light Waiver	\$50			(to waive all night light fees - add \$50 per adult)					\$50	
TOTAL:										\$

Fees include GST and Tennis West affiliation.

*Parent membership entitles you to member usage of courts only for play practice with own child

**Concession - Age pensioners or full time students over 18 years old - (show your pension/student card at the office to receive the discount)

Method of payment:

cash cheque EFTPOS bank transfer credit card

Sorrento Tennis Club Inc. BSB 306 074 Account 4187825 (Please include your name to identify the transaction)

Visa/Mastercard (complete details below or pay at the club or online)

Credit Card Number: _____ Expiry Date ____/____ Amount \$ _____.

Name on card _____ Signature _____