

2010 Membership Application

Surname: **First Name:** **Date of Birth:** / /

Postal Address:

Post Code:

Nominator: **Signature of Nominator:** _____

Seconder: **Signature of Seconder:** _____

Membership Type (See reverse of form for definitions):

Adult: Junior: Intermediate: Senior: Family: Non-Resident:

Family Applications:

	Surname	First Name	Date of Birth
Wife/Husband/Partner			/ /
Child 1			/ /
Child 2			/ /
Child 3			/ /

If my membership is accepted I agree to be bound by the Constitution, Rules and By-Laws of the Noosa Tennis Club

Signature of Applicant: _____ **Date of Application:** / /

Contact Details:

Telephone (Home): Telephone (Work):

Telephone (Mobile):

Email:

Fees Paid:

Payment Method:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Primary Member/ Family</td> <td style="width: 20%; text-align: center;">Amount</td> <td style="width: 30%; text-align: center;">TQ Affiliation #1</td> </tr> <tr> <td>Member 2</td> <td style="background-color: #cccccc;"></td> <td></td> </tr> <tr> <td>Child 1</td> <td style="background-color: #cccccc;"></td> <td></td> </tr> <tr> <td>Child 2</td> <td style="background-color: #cccccc;"></td> <td></td> </tr> <tr> <td>Child 3</td> <td style="background-color: #cccccc;"></td> <td></td> </tr> <tr> <td style="text-align: right;">Total</td> <td style="background-color: #cccccc;"></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">Total Amount Paid</td> <td style="background-color: #cccccc;"></td> </tr> </table>	Primary Member/ Family	Amount	TQ Affiliation #1	Member 2			Child 1			Child 2			Child 3			Total			Total Amount Paid			
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#1 Use this column to enter amount paid for TQ affiliations for family memberships and to enter name of club if TQ affiliation is paid at another club (for all memberships)

Senior's Declaration: I declare that I am 65 years of age or over and that I am currently in receipt of a government pension, either in part or in full. (Note: Declaration only required if eligible for the concessional Senior Rate)

Signed **Date**/...../.....

Credit Card Details

Visa: Mastercard:

Card No:

Name on Card: Expiry Date: / /

Amount to be Debited to Card: \$ _____ Card Holder Signature: _____