

MEMBERSHIP APPLICATION (2023-2024)

I/We

| | FULL NAME | | | |
|---|------------------------------------|--------|----------------|------|
| of | ADDRESS | | | |
| HOME PHONE | | MOBILE | | |
| EM. | AIL | | | |
| Apply to become a member of the BLUEBELL HILL TENNIS CLUB INC and confirm that I/We live in the membership area bound by Station St, Whitehorse Rd, Union Rd and Riversdale Rd. | | | | |
| In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force. | | | | |
| Names of Players aged 12 years & over: | | | | |
| | | | | |
| | | | | |
| Ple | Please tick the appropriate box: | | | |
| Join | Joining fee – (\$50) | | Office Use | Only |
| D. | | | Key Number | |
| Re | fundable Key Deposit (\$50) | | Payment Method | |
| Ini | nitial Membership - Member (\$145) | | Date Paid | |
| | | | Key pickup | |
| Init | tial Membership - Family (\$195) | | | |
| Tot | tal to be paid (Upon acceptance) | \$ | | |

Note: Family membership applies to more than one player in the same household. Single membership applies to only one player in the household.

Please email this completed membership application form to membership@bluebellhill.org.au