



Phone: 4229 3766 Fax: 4226 9601  
[www.wollongongtennisclub.com.au](http://www.wollongongtennisclub.com.au)

## MEMBERSHIP APPLICATION FORM

DATE: \_\_\_\_\_

I, Surname: \_\_\_\_\_ [Please print clearly] First Name: \_\_\_\_\_ [Please print clearly]

of, Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

wish to make application for membership of the City of Wollongong Tennis Club Ltd, as per clause 15 of the Club's Constitution.

Select type of membership (select 1 x only)

All memberships active from 1st January to 31st December

|  |  |  |
|--|--|--|
| <input type="checkbox"/> \$8 Club Member x 1 Yr    | <input type="checkbox"/> \$20 Club Member x 3 Yr   | <input type="checkbox"/> \$30 Club Member x 5 Yr   |
| <input type="checkbox"/> \$4 Age Pensioner x 1 Yr  | <input type="checkbox"/> \$10 Age Pensioner x 3 Yr | <input type="checkbox"/> \$15 Age Pensioner x 5 Yr |
| <input type="checkbox"/> \$50 Senior Tennis x 1 Yr | <input type="checkbox"/> \$35 Junior Tennis x 1 Yr | <input type="checkbox"/> \$4 Student x 1 Yr        |

MOBILE NUMBER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male  Female   
dd/mm/yyyy

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Pension #: \_\_\_\_\_  
Applicant

### Office Use Only

Drivers Licence No:..... RTA Photo Card No:..... Passport:.....

Bulldogs AFL  UOW Football

Receipt No:..... Staff Signature:.....



**TC Function Room**  
Specialising In the catering of:  
- Birthday Parties  
- Engagements  
- Weddings  
- Conferences  
- Meetings

