

Sumner Tennis & Squash Club Inc

Senior Membership Application

I/We wish to apply for membership: (choose one of these) Adult Couple Family

Adult Players		
	Adult member 1	Adult member 2
First name		
Last name		
Day ph		
Evening ph		
Mobile		
Email		
Male/female		
Occupation		
Mail ¹	<input type="checkbox"/> Yes <input type="checkbox"/> no	<input type="checkbox"/> Yes <input type="checkbox"/> no
Privacy ²	<input type="checkbox"/> Yes <input type="checkbox"/> no	<input type="checkbox"/> Yes <input type="checkbox"/> no
Sport interest ³ (select as many as required)	<input type="checkbox"/> Social squash <input type="checkbox"/> Interclub squash <input type="checkbox"/> Social tennis <input type="checkbox"/> Interclub tennis	<input type="checkbox"/> Social squash <input type="checkbox"/> Interclub squash <input type="checkbox"/> Social tennis <input type="checkbox"/> Interclub tennis

Membership fees

(12 months use of all facilities)

Per adult \$230
Per couple \$420
Per family \$430

(couple plus all their children 18 years & under)

There is a \$20 discount for each child of an adult member (junior fees range from \$45-65 depending on age – see the junior registration form on the club website for details)

¹ I wish to receive email from the club

² I'd like other members to have access to my contact details

³ Information to plan for member needs:
Social squash/tennis: casual games & social club events.
Interclub tennis/squash: club championships and interclub events.

Postal address:
Post code:

Payment Options

Please choose how you will make your payment of

\$ _____

By cheque (attached to this form and sent to the box number below.

Internet banked to account no. 38-9006-0632317-00.

Junior Family Members (family members 18 years & under)		
Name	Year of Birth	Phone

I agree to:

- Pay fees on receipt of the club's invoice, as I am a member until my written resignation is accepted by the club.
- Be responsible for the fees of visitors I bring to play with me at the club.
- Abide by the rules of the club

Sign _____

Date _____

Post this form to P O Box 17 526 Christchurch 8840. Your application will be considered by the committee at the next monthly meeting and you will be advised of the outcome by mail.

www.sumnertennisandsquash.co.nz