

CLUB MEMBERSHIP FORM - SEASON 20018/19 - PHONE 53381459

PAYMENT: Please fill out Form and RETURN it with PAYMENT

APPLICANT/S DETAILS					
FIRST NAME SURN		CANT/S DETAILS	M/F	D.O.B.	
TIKOT KAME	THAME SOMMANIE		141/1	D.O.B.	
EMAIL ADDRESS (Must i	nclude please)				
PHONE MOBILE		OTHER PHONE			
HOME		POST			
ADDRESS MAILING ADDRESS If Different to a	bove		COD	E	
	B.R.T.C. CLUB MEMBER				
MEMBERSHIP DETAILS*The following membershi CATEGORY (PLEASE TICK)		BRTC CLUB MEMBERSHIP FEE			
□ FAMILY 2 Adults & 3 + child -must all be the one address		\$450.00 Family x 1 = \$			
		INC. OF INSURANCE COVER			
□ ADULT/S		\$150.00 Each x = \$ INC. OF INSURANCE COVER			
□ JUNIOR MEMBER (21 & Under) (Age as at 31st December 2018)		JUNIOR Membership \$120.00 Each × = \$ INC. OF INSURANCE COVER			
SATURDAY SUMMER JUNIORS 18&Under (Age as at 31st December 2018)			\$120.00 Each × _ C. OF INSURANCE C Add		
			ENNANT COMPET 110 per child \times		
DATE PAID		TOTAL AMOUNT PAYABLE= \$			
Credit Card Payments:					
Name on Card:		Signature:			
CREDIT CARD NUMBER		CARD EXPIRY			
			/		

PAY BY POST: CHEQUE (Payable to BRTC Inc.) or CREDIT CARD (Fill in details above) Send to: Ballarat Regional Tennis Centre, (B.R.T.C Inc.) P.O. Box 173 Wendouree 3355, Or at B.R.T.C. Office, Dowling St. Wendouree by CASH, CHEQUE OR CARD