





Application For Membership

Dear Madam / Sir,

I wish to become a member of the Doutta Galla Tennis Club and if elected, agree to abide by the rules of the club and to observe proper court care.

Full Name of Applicant:	
Address:	
Suburb:	Postcode:
Home Phone:	Mobile Phone:
E-mail Address:	
Preferred Method of Contac	t: Email Post
Occupation:	
Date of Birth (If under 25):	
Previous Experience (Club,	Grade, Association, Social):
Turno of Morahayahin.	
Type of Membership: Adult (\$160) Student (\$100) Junior (\$90)	A \$40 Maintenance Levy will be refunded for Adults and Families upon attendance at maintenance events during the year.
Family (\$260): () Adult	s ()Children
Members may apply for a key to Committee. A \$10 Key Deposit is	access the Club, which is subject to approval by the payable when requesting a key.
	se provide the names of any Parents or Guardians. se provide the names and DOB (if under 25) of all d
Signature:	Date:
Your application will be consid be sent to you by the club.	ered at the next committee meeting and a letter will
Please Post this form to: Doutta Galla Tennis Club	Payments can be made via EFT using the following details:
16 Chartwell Crescent Derrimut 3026 VIC	Account Name: Doutta Galla Tennis Club BSB: 063-129 Account: 1002 9200 Reference: [Enter Your Full Name]

www.douttagalla.com

email@douttagalla.com