

Please complete the details on the previous page, and forward this Membership Application Form, plus the applicable subscription fees to the Secretary at the Club's postal address of:

Liston Tennis Club
P.O. Box 464
Williamstown Vic 3016



Notes:

- The Club's financial year runs from 1 September to 31 August
- Details of fees payable are displayed in the Clubrooms or may be obtained from the Secretary or the Club's Website www.listontc.com.au
- All membership queries should be addressed to the Secretary, Alan Whittington, via the Membership Enquiry Line 0439 018 199
- All membership applications need to be signed.
- Prorata (6 month) membership is available from 1 March each year. Further details available from the Secretary.

Clubhouse Phone No (03) 9399 9032

Membership Enquiry Line: 0439 018 199

www.listontc.com.au

MEMBERSHIP APPLICATION FORM

LISTON TENNIS CLUB INC.

Registration No. A 0027 939F

Commonwealth Reserve, Nelson Place, Williamstown Vic. 3016

Established 1926

Affiliated with Tennis Victoria and the Western Region Tennis Association.

Postal Address: P.O. Box 464 Williamstown Vic 3016

Club Phone: 9399 9032

Membership Enquiry Line: 0439 018 199

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LISTON TENNIS CLUB MEMBERSHIP APPLICATION FORM

APPLICANT/S DETAILS

SURNAME _____ **FIRST NAME** _____ **SEX (M/F)** _____ **DATE of BIRTH** _____

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADDRESS _____

SUBURB _____ **POSTCODE** _____

EMAIL _____

PHONE (H) _____ **MOBILE** _____

Type of Membership: Senior / Junior / Family / Couple (Circle Required Category):

Juniors must be U18 at the start of the Club's financial year. All other individual members are Seniors. All applicants for Family, and Couple members must reside in the same household. A Couple is not father/son, father/daughter but a couple in the partnership sense. A Family can consist of two adults and two children, or one adult and three children. Extra children are \$40 each.

I acknowledge that I have read and agree to abide by the Rules and Regulations of the Liston Tennis Club.

Signature of Applicant: _____ Date: _____

TENNIS VICTORIA REQUIRED INFORMATION

Is this your Primary Facility? Yes/ No (Please circle)

If not please record both your Primary Facility and Tennis Victoria Player Registration Number below:

Primary Facility _____ Tennis Victoria Player Reg'n No. _____

Privacy Statement

The Liston Tennis Club requires this information for the purposes of providing your Club Membership and your Registration to Tennis Victoria. Your personal information will be forwarded to Tennis Victoria to be used in accordance with the purposes of Tennis Victoria to provide membership services. Individual members can access their personal information through Tennis Victoria upon reasonable notice.