## HE Parker Reserve Tennis Club Inc A0005994A

known as Heathmont Parker Reserve Tennis Club Inc ABN 51442485871





# Registration Method

- 1. If you have registered or renewed online using My Tennis, please go to section 6 Payment Options
- 2. If you have NOT registered online using My Tennis, please go to section 2- Select your Membership Type

2	Select	vour	Mem	bership	Ty	pe:	(please tick)
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	FAMILY	1 or 2 adult members and any number of juniors/students from the one family
	ADULT	Adult person
JUNIOR A person under the age of 18 years at the start of the membership year		A person under the age of 18 years at the start of the membership year
	HOT SHOTS	Juniors specifically enrolled in the HOT SHOTS™ program
	NON-PLAYING	Adult person who does not play tennis

<b>6</b> Member	er Details
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Given name:	Family Name:	
Address:		
Home Phone:	Mobile:	Date of Birth:
Email:		Gender:

	Please	circle
Are you a member of another club affiliated with Tennis Victoria?	Yes	No
If so, what is your Tennis Victoria Membership ID?		
Are you a life member?	Yes	No
Would you prefer to receive newsletters via email only?	Yes	No
I/we would be interested in individual/group coaching	Yes	No

# 4 Details of Other Family Members: applies to family memberships only

Given name	Family Name	Gender	Date of birth	Want Coaching

#### Privacy Statement:

"The HE Parker Reserve Tennis Club Inc. 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 and through HE Parker Reserve Tennis Club Inc. upon reasonable notice."

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## ANNUAL MEMBERSHIP APPLICATION / RENEWAL: 1 July 2016 to 30 June 2017

**5** Fees: total payment due 31 July 2016

	Туре	Annual Fee	Amount Due
<ul><li>Part A – Membership Fee</li><li>Compulsory general fee payable for all</li></ul>	Family	\$280.00	
<ul><li>membership types</li><li>Incorporating Court Replacement Fee</li></ul>	Adult	\$125.00	
(Membership includes Tennis Victoria affiliation	Junior	\$70.00	
and insurance fee)	Hot Shots™	\$40.00	
	Non-playing	\$20.00	
Is your primary membership with another club?	(If yes, subtr	act \$29.00)	
PART B – Optional Gate Key Deposit (refundable)	Gate Key Deposit	\$50.00	
Issued only to adult <u>members</u>	TOTAL FEES PAYABLE		

### NOTE:

- Un-financial members will not be permitted to play after 31 July 2016.
- Please do not hesitate to discuss "in confidence" with the Treasurer any difficulty you may have in paying your annual subscription.

by Direct deposit to	Name of Account:	HE Parker Reserve Tennis Club	nc
OR	BSB:	633-000	
by cheque payable to HE	A/C number:	1338 50826	
Parker Reserve Tennis Club Inc	Reference:	(Family Name)	
Amount Paid:		Date Paid:	

# Photo Permission I /We agree to allow photos taken by club officials of me or my children to be used for promotion purposes by the club. I/We also understand we have the right to have any photo used to be removed upon request. Yes No

# **HE Parker Reserve Tennis Club Inc** A0005994A



ii you aro a now	member, please	10.11 0.0 1.011 ) 0 0.11 1.010 1.0		ircle)
Coaching wi	th Ben	through a Friend	via Social Tennis	via Family Member
Person who refe	rred you (optiona	al) or other option		
•	in reasons for jo	pining or renewing with t	the club?	
Please specify				
9 Skills	Survey			
J 0110	_	dditional skills you hav	ve and whether you would	be prepared to share
	ub occasionally form of comm		our time is valuable and you	r answers will not be
Name	Occupation	Skills		Availability
cills examples				
Bookkeeping  Maintenance	Gardening Painting	Plumbing Building	Electrical IT Sk  Catering Business C	
Would you con	sider a position	on the tennis club co	ommittee it asked?	Yes No May
Signate	ure			
/ We agree to a			E Parker Reserve Tennis Clul	b Inc and subsequently
wish to become /		or are diab.		
Full Name:				
			Date Signed:	
			Date Signed:	
Full Name: Signature:			Date Signed:	
Signature: Return complet		p form	Enquires:	.14 773 093
Signature: Return complet ogether with p	ayment to:	<b>p form</b> eathmont, 3135	Enquires: Devina on ① 04	-14 773 093 Isurer@hprtc.org.au
Signature:  Return complet ogether with po	ayment to: PO Box 695, He	-	Enquires: Devina on ① 04	
Signature:  Return complet together with portion of the TREASURER,  Office Use Only	ayment to: PO Box 695, He	-	Enquires: Devina on ① 04 or email ⊠ trea	