

# HE Parker Reserve Tennis Club Inc A0005994A

known as Heathmont Parker Reserve Tennis Club Inc ABN 51442485871

## MEMBERSHIP APPLICATION



Serving our  
tennis  
community

### Select your Membership Type: (please tick)

	<b>FAMILY</b>	1 or 2 adult members and any number of juniors/students from the one family
	<b>ADULT</b>	Adult person
	<b>JUNIOR</b>	A person under the age of 18 years at the start of the membership year
	<b>NON PLAYING</b>	Adult person who does not play tennis

### Member Details

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?		
Would you prefer to receive newsletters via email only?	Yes	No
I/we would be interested in individual/group coaching	Yes	No

### 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."

# HE Parker Reserve Tennis Club Inc A0005994A

ANNUAL MEMBERSHIP: 1 July to 30 June


## Fees: total payment due in application

Part A – Annual Membership Fee	Type	Annual Fee	Amount Due
<ul style="list-style-type: none"><li>Compulsory general fee payable for all membership types</li><li>Incorporating Court Replacement Fee</li></ul> <p>(Membership includes Tennis Victoria affiliation and insurance fee)</p>	Family	\$360.00	
	Adult	\$170.00	
	Junior	\$85.00	
	Non-playing	\$20.00	
Part B – Optional Gate Key Deposit (refundable)			
	Gate Key Deposit	\$50.00	
	<b>TOTAL FEES PAYABLE</b>		

**Un-financial members will not be permitted to play after 31 July.**

Please do not hesitate to discuss in confidence with the Treasurer any difficulty you may have in paying your annual subscription.

## Payment Options: please tick

- ☐ by Direct deposit to 
- OR**
- ☐ by cheque payable to *HE Parker Reserve Tennis Club Inc*

Name of Account: **HE Parker Reserve Tennis Club Inc**  
BSB: **633-000**  
A/C number: **1338 50826**  
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

## Working with Children Check

If you will be helping with transport or being involved as a convener for juniors a Working With Children Check is mandatory.

**WWCC numbers à**

Please continue to page 3

# HE Parker Reserve Tennis Club Inc A0005994A

## Joining the club

Please tell us how you were referred to the club? (Please circle)

<b>Coaching with Ben</b>	<b>Through a Friend</b>	<b>via Social Tennis</b>	<b>via Family Member</b>
Person who referred you (optional) or other option			

What are your main reasons for joining the club?

Please specify

## Skills Survey

We would love to know what additional skills you have and whether you would be prepared to share those with the club occasionally. We understand your time is valuable and your answers will not be regarded as any form of commitment.

Name	Occupation	Skills	Availability

### Skills examples

Bookkeeping	Gardening	Plumbing	Electrical	IT Skills	Marketing
Maintenance	Painting	Building	Catering	Business Contacts	Admin

Would you consider a position on the tennis club committee if asked?	Yes	No	Maybe
--	-----	----	-------

## Signature

I / We agree to adhere to the rules and regulations of H E Parker Reserve Tennis Club Inc, our Code of Conduct and Fair Play Policy, and subsequently wish to be a member of the club.

Full Name:					
Signature:		Date Signed:			

**Return completed membership form after payment to:**

[chriswish17@gmail.com](mailto:chriswish17@gmail.com) or

Membership Secretary, PO Box 695, Heathmont, 3135

**Enquires:**

Chris on ) 0401 722 040

or email \* [secretary@hprrtc.org.au](mailto:secretary@hprrtc.org.au)

### Office Use Only

Received By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Payment Detail