



# CLAREMONT LAWN TENNIS CLUB

PO BOX 101 CLAREMONT WA 6910  
 Shenton Road (cnr Davies Rd) Claremont  
 Telephone: (08) 9383 2684 / 0451 829 334  
 admin@claremonttennis.net.au  
 www.claremonttennis.net.au

## Application for Membership RENEWAL for 2011-2012 Season

Name: \_\_\_\_\_

Address: \_\_\_\_\_ P/C \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Daytime/Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_ Profession: \_\_\_\_\_

I/We hereby make application for my/our membership, subject to the terms and conditions as outlined on this form.

ANNUAL SUBSCRIPTION * ADD LEVY	Please Tick	DISCOUNTED FEES if paid on or before 31 October 2011	Please Tick
a. Family		\$755.00*	\$730.00*
b. Couple		\$690.00*	\$665.00*
c. Senior		\$410.00*	\$385.00*
d. Mid Week		\$300.00*	\$275.00*
e. Aged Pensioner		\$275.00	\$250.00
f. Country		\$190.00*	\$165.00*
g. Transitional 18-30 yrs as at 31st Dec 2011		\$205.00*	
h. Full-time Tertiary Student U/25 yrs		\$135.00*	
i. Junior U/18yrs (includes Club Championship)		\$130.00*	
j. Additional Junior U18 yrs (includes Club Championship)		\$ 85.00*	
k. Little Racquets(4-7yrs)		\$ 75.00 *	
l. Social		\$ 20.00	

**\*Hard Court Levy:**  
**Juniors - \$25 each**  
**Adults Over 18 - \$50 each**  
**Levy Contribution to the cost of redeveloping four grass courts into hard courts.**

**Note:** Proof of age and/or tertiary status is required from tertiary students and transitional members 18-30yrs.

### Please provide details of each person.

MEMBER No. (Office Use)	SURNAME	GIVEN NAME	SEX	BIRTH DATE	ANNUAL SUBSCRIPTION	LEVY \$50 per Adult \$25 per Junior	GRAND TOTAL
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$

PLEASE RETURN THIS FORM WITH PAYMENT. IF PAYING BY DIRECT DEBIT PLEASE QUOTE:

PAYMENT NUMBER: \_\_\_\_\_ DATE OF PAYMENT: \_\_\_\_\_

PAYMENTS MAY BE MADE IN INSTALMENTS WITH FIRST PAYMENT BY 31 OCTOBER 2011 (NO DISCOUNT APPLICABLE) & FINAL BY 31 JANUARY 2012.

PLEASE DIRECT ANY ENQUIRIES TO FIONA KELLY ON 0451 829 334

TOTAL PAID: \$ \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

CHQ  
  CASH  
  DIRECT DEBIT  
  2 INSTALMENTS  
 ANZ BSB: 016-484  
 A/C No. 2540-29866

Calendar	<input type="checkbox"/>
Receipt	<input type="checkbox"/>
Address	<input type="checkbox"/>
Phone	<input type="checkbox"/>
Email	<input type="checkbox"/>
Computer	<input type="checkbox"/>
Data Base	<input type="checkbox"/>
Web Mail	<input type="checkbox"/>
Levy	<input type="checkbox"/>
Parking	<input type="checkbox"/>