



ABN: 29 607 165 819  
35W Parkside Drive  
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**2022/2023 MEMBERSHIP FORM**

Member Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address \_\_\_\_\_  
Home Ph: \_\_\_\_\_ Mobile \_\_\_\_\_  
Email \_\_\_\_\_ Gender \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_  
Emergency Contact Relationship: \_\_\_\_\_  
Emergency Contact Ph: \_\_\_\_\_

Relevant Medical Condition/s: \_\_\_\_\_  
Relevant Medication Taken \_\_\_\_\_

**Please Tick**

Membership Renewal (Full \$30.00)  
Membership Renewal (Associate \$15.00)  
New Member (Full \$30.00)  
New Member (Associate \$15.00)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

*By signing below, I hereby agree that I have read and agree to the conditions of membership, code of behaviour and any other relevant policy which may be in effect during the relevant year for which I hold membership and further agree to pay the relevant membership fee of \$30.00 for full member and \$15.00 for associate member to complete my membership.*

Signature of Proposed Member or if under 18 Parent: \_\_\_\_\_ Date \_\_\_\_\_

Member name or Parent/Guardian Name (If Applicable) \_\_\_\_\_

Moved By (Full Name) \_\_\_\_\_ Signature \_\_\_\_\_

Second by (Full Name) \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_ **Office USE below** \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_