

# St. Kevin's Tennis Club Inc.

Herlihy's Road, Lower Templestowe Vic. 3107  
 Correspondence to: PO Box 39, Bulleen Vic. 3105  
 www.stkevinstctemplestowe.org.au @ admin@stkevinstctemplestowe.org.au

REG. NO. A0033358J  
 ABN. 76 190 887 984

President: Paul Polidano  
 9846-2083

Secretary: John Tabone  
 0400 955 245



**Membership Secretary**  
**St Kevin's Tennis Club Inc**  
**P.O. Box 39**  
**BULLEEN VIC 3105**

Date: ...../...../.....

## Membership Application Form 2017/2018

I wish to make application to join St Kevin's Tennis Club Inc. and agree to be bound by the rules of the Club/Association

<u>Membership Commencing</u>	<u>On or After 1st May</u>	<u>On or After 1st Aug</u>	<u>On or After 1st Nov</u>
<input type="radio"/> Family Category (Insurance Levy Inc.)	\$220	\$180	\$110
<input type="radio"/> Adult (Over 21 Yrs of Age. Insurance Levy Inc.)	\$150	\$110	\$75
<input type="radio"/> Junior /Student (Insurance Levy Inc.)	\$ 85	\$65	\$45

Please "tick" ( ✓ ) Category required and enclose a cheque/money order for subscription amount as indicated below:

Total Fee enclosed \$.....

To pay via EFT, the Club Banking details are :-

**Name of Account :** St Kevin's Tennis Club Lower Templestowe

**BSB No.:** 013-354 **Account No.:** 3016-25514

Please ensure to enter Payee details when transferring membership fee as well as emailing the club at [admin@stkevinstctemplestowe.org.au](mailto:admin@stkevinstctemplestowe.org.au) when completing transaction for payment verification.

NAME ..... D.O.B ..... /...../.....

ADDRESS .....SUBURB.....POST CODE .....

TEL ..... MOB..... EMAIL .....

(Imperative for Contact and Member Insurance purposes)

**Please list names of all Family Category Members**

(Imperative – as otherwise will not be registered as Member of Club nor covered by Insurance)

..... /...../..... M / F ..... /...../..... M / F ..... /...../..... M / F  
 ..... /...../..... M / F ..... /...../..... M / F ..... /...../..... M / F  
 ..... /...../..... M / F ..... /...../..... M / F ..... /...../..... M / F

**Signature of Applicant**..... **Date** ...../...../.....

**Proposer** - I being a member of the St Kevin's Tennis Club, nominate the applicant, who is personally known to me, for membership of the club

Signature of Proposer..... Name.....Date.....

*If unable to complete this Section please leave blank*

**\*Notes**

- A full time student still living at home at his / her parent's home can remain covered by a family membership beyond the age of 21 years.
  - Both Family and Adult subscriptions fees shown above include a "Maintenance levy of \$20.00.
  - Consent for Club to divulge Name and email details to Tennis Victoria for member registration including Insurance Purposes.
- (Unless opting out by ticking  STKTC is required to divulge these personal details of all club members to Tennis Vic for Insurance covered purposes)

**Your application will be submitted to the committee, which meets 1<sup>st</sup> Monday each month - thus some delay may occur prior to acceptance of membership.**

Office use

Entered Online	labels	Letter sent	Key/sent	New Tags
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