

Membership Application Form

Please complete in BLOCK letters																							
First name:																							
Surname:																		Gen	der:	М	/ F		
Member Type: (Please circle)								UNSW FULL TIME STUDENT / UNSW PART TIME STUDENT / UNSW STAFF / UNSW ALUMNI / OTHERS															
UNSW Student / Staff ID:																							
Email: (Please write clearly)																							
Address:																							
Suburb:													Postco				ode:						
Contact No: Mobile No preferred			Date of Birth:																				
Tell us about 1. What would y (please circle		Beginner					Intermediate					Advanced											
Describe your experience of playing tennis: e.g. How often do you play tennis / recent competition entered and the result																							
What sort of tennis are you looking for? (may circle more than one)									Social Tennis					Competition					Tennis Classes				
4. How did you find out about this club? (may circle more than one)								Website					Friends / Word of mouth					Brochure					
(may circle more than one)								UNSW Sport & Recreation					Other (please specify:)										
5. Which of these activities would you be interested in? (may tick more than one) (This is to help us in organising activities in future)								☐ Saturday Social Tennis					☐ Tuesday Night Social Tennis				[☐ Thursday Social Tennis					
								☐ Intervarsity Competition					☐ Eastern Suburbs Competition				[☐ Club Championships (intra-Club)					
								☐ Beginner's Course (Group of 6)					☐ Private Coaching (1 on 1)				[☐ Ladder Competition					
								☐ Picnic @ Centennial Park					☐ Laser Skirmish				I	☐ Annual Club Dinner					
-								□ BBQ					☐ Ice Skating				[☐ Entertainment Book					
Signature: (Note: Membership fee is non-refundable)																							
Club Use O	nly																						
Membership No	ollecte	ted:Rece						eived By:					Date:										