

Senior Membership Form

Bishopdale Tennis Club (Inc)

*P O Box 20-008
Bishopdale
Christchurch 8053*

*I **apply** for membership of the Bishopdale Tennis Club and **agree** to pay fees, levies and annual subscriptions to be determined by the Executive Committee and agree to abide by the rules of the Club. I **agree** to this Club forwarding information between Club members, between Clubs, between Club and Canterbury Tennis Inc / New Zealand Tennis Association for the purposes of the efficient management and operation of Tennis*

Name (Mr, Miss, Ms Mrs)

Address

.....

Phone Fax

Email : Mobile

Date of Birth (if under 20 years)

Occupation

How did you hear about the Club?

.....

..... signature

..... date

*Please let the Club Secretary know of any change of address / phone / email
Mary Stanton : Phone 359 9815 or email : marystanton@xtra.co.nz*