 Reg.no A0107751H

Apollo Bay Tennis Club Membership Application

**1 September 2023 – 31 August 2024**

**Adult $50**

**Youth $30 (U18** as of 1/9/23)

**Junior $20 (U12** as of 1/9/23)

**Social $10 per game**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname |  | First Name |  |  |  |
| Mobile  |  | Home  |  |  |  |
| Email | Date of Birth ***U18s only*** | | | | |
| Parent Name and Contact details ***(youth and junior members*)** | | | | | |

# PAYMENT

Bendigo Bank

BSB 633-000

ACC 135637007  ***Surname for reference***

Cash (co-signed by committee member who accepted cash payment)

# Tennis Victoria Declaration

Your membership will be registered in the Tennis Australia My Tennis database. The terms and conditions can be found at <http://www.tennis.com.au/wp-content/uploads/2012/03/Terms-and-Conditions-of-My-Tennis-Registration.pdf>

Privacy Policy: Tennis Victoria requires the information requested on this form to provide you with membership benefits, to receive timely and relevant information and communications related to tennis and for related purposes which can be expected. In addition, we may use your personal information to advise you of promotions, events, exclusive offers and other like activities offered by Tennis Victoria or its stakeholders. You can access your personal information through Tennis Victoria upon reasonable notice. Except where permitted or required by law, or where your consent is obtained, this information will not be disclosed to third parties.

***I acknowledge*** the My Tennis Terms and Conditions & the Tennis Victoria Privacy Policy,

***&***

***do not*** wish to receive any additional market related communications: **Y N**

# ABTC Risk Declaration

I acknowledge that I am exposed to risks during Tennis Club Activities including, but not limited to, physical exertion and injury, bodily contact, falls, equipment failure and adverse weather conditions. I acknowledge that accidents can and do happen which may result in me being injured or my property being damaged. I have voluntarily read and understood this warning, will adhere to COVID safe practices, and accept and assume the inherent risks in participating in the Club Activities.

Signature of Applicant ……………………………………………………………………………………

Signature of Parent/Guardian (U18) ……………………………………………………………………………………

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# Date ...........................................

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# SUBMIT membership forms by clicking the link below.

# Your form will automatically attach to your email

# [*ABTC Secretary - Membership submission 23/24*](mailto:info@apollobaytennisclub.com?subject=ABTC%20membership%20submission)