

## APPLICATION FOR MEMBERSHIP OF EASTERN REGION TENNIS Inc. A0031930C ABN 95 114 479 848

	stern Region Tennis Inc. In the event we agree to be bound by the Rules of
PRESIDENT – (Block letters) Name	
Email AddressPhone/Mobile	
SECRETARY – (Block letters) Name	
Email AddressPhone/Mobile	
TREASURER – (Block letters) Name	
Email AddressPhone/Mobile	
`	o details – able)
Email Address	
Bank details - BSB	Account

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	Post Code	
Melway Ref:	Phone number (if applicable)	
Number of Courts	Surface Lights - Yes/No Surface Lights – Yes/No URTS ARE NOT ALLOWED.	
	Post Code	
	Phone number (if applicable)	
Number of Courts	Surface Lights - Yes/No Surface Lights – Yes/No URTS ARE NOT ALLOWED.	
Previous Association	Junior teams – Yes/No Senior teams – Yes/No	
Previous Seasons played		
To be accepted as a Member of Eastern Region Tennis Inc, a club MUST provide a Club house/Shelter, Drinking Water and toilet facilities.		
PLEASE COMPLETE THE FOLLOWING-		
Are you Affliliated with Tennis Victor	oria - Yes/No	
Is your Club incorporated -	Yes/No	
Do you have a Club House/Shelter	- Yes/No	
Do you have fresh drinking water -	Yes/No	

Yes/No

Please return the form to <a href="mailto:ert\_senior@ertinc.org.au">ert\_senior@ertinc.org.au</a>

Do you have Public Liability insurance - Yes/No (Copy of Certificate to be sent with this form)

Do you have toilet facilities -