

**APPLICATION FOR MEMBERSHIP OF**

**EASTERN REGION TENNIS Inc**.

A0031930C ABN 95 114 479 848

We, the Committee of ……….……………………………Tennis Club desire to become a Member of Eastern Region Tennis Inc. In the event of our application being accepted, we agree to be bound by the rules of the Association, that are in force at the time of this application.

**All fields are to be completed for club representatives**

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| **PRESIDENT** (Block letters) | Official Use Only |
| Name  |  |  |
| Email Address  |  |  |
| Phone/Mobile  |  |  |
| **SECRETARY** (Block letters) |  |
| Name  |  |  |
| Email Address  |  |  |
| Phone/Mobile  |  |  |
| **TREASURER** (Block letters) |  |
| Name  |  |  |
| Email Address  |  |  |
| Phone/Mobile  |  |  |
| **CLUB DETAILS** (Block letters) |  |
| Postal Address (P.O. Box if applicable) |  |  |
| Email Address  |  |  |
| Court Address  |  |  |
| Club Phone (if applicable) |  |  |
| Bank Details | BSB |  | Account |  |  |

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| --- | --- |
| **COURT DETAILS** (PHOTOS MUST BE SUPPLIED) | Official Use Only |
| Number of Courts |  |  |
| Surface/s |  |  |
| Do you have a club house/shelter? |  |  |
| Do you have fresh drinking water in the tennis venue? |  |  |
| Do you have toilet facilities in the tennis venue? |  |  |
| **OUTSIDE VENUE DETAILS** (PHOTOS MUST BE SUPPLIED) | Official Use Only |
| Court Address |  |  |
| Club Phone (if applicable) |  |  |
| Number of Courts |  |  |
| Surface/s |  |  |
| Does the outside venue have a club house/shelter? |  |  |
| Does the outside venue have fresh drinking water in the tennis venue? |  |  |
| Does the outside venue have toilet facilities in tennis venue? |  |  |

To be accepted as a Member of Eastern Region Tennis Inc, a club MUST provide a

club house/shelter, drinking water and toilet facilities.

*MULTI LINED COURTS ARE NOT ALLOWED*.

|  |  |
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| **CURRENT ASSOCIATIONS & COMPETITION INFORMATION** | Official Use Only |
| Current Association |  |  |
| Competition/s Played |  |  |
| Previous season played |  |  |

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| --- | --- | --- |
| **PLEASE COMPLETE THE FOLLOWING** | Yes/No | Official Use Only |
| Are you affiliated with Tennis Victoria?(Copy of Certificate to be sent with this form) |  |  |
| Is your club incorporated?(Copy of Certificate to be sent with this form) |  |  |
| Do you have Public Liability insurance? (Copy of Certificate to be sent with this form) |  |  |

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| **What is the reason for wanting to join Eastern Region Tennis?** |
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Please return the completed form and requested documents to the ERT Secretary: secretary@ertinc.org.au

Forms to be submitted by Round 12 of the current season to have the opportunity to be accepted for the next season.

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| **Official Use Only** | **Yes/ No** | **Date** |
| All information provided |  |  |
| Facilities deemed acceptable by Executive Officer of Competition |  |  |
| ERT Secretary emailed clubs for vote |  |  |
| Club Membership Application endorsed  |  |  |
| Club notified of Application |  |  |
| Sent to the Senior & Junior Records Secretaries |  |  |