



Registration No. A0007699K

Donvale Reserve, Mitcham Road Donvale  
PO Box 75, East Doncaster 3109

www.donvaletennisclub.org.au

Club President – 9001 4250 Geoff Lyall  
Membership Sec. - 0411 021 705 Andrew Kimber

## New Membership Form 2009-2010

Membership Category	(Join Sep-Feb) Annual Fees	(Join Mar–Aug) Half Year Fees
Senior Competition.....	\$192.00.....	\$96.00
Senior Night Competition.....	\$132.00.....	\$66.00
Senior Pennant Competition.....	\$152.00.....	\$96.00
Senior Non-Competition.....	\$152.00.....	\$76.00
Student * .....	\$127.00.....	\$63.50
Family ** .....	\$352.00.....	\$176.00

Court Key Deposit (refundable upon return)..... \$20.00

\* If you are a Student over 18 years of age, please complete the following:

School/College/University:..... Year Level .....

(Juniors 18 years of age (or under) as of 31<sup>st</sup> Dec in the year of joining are classed as Students.)

\*\*Families choose the lesser of either the above flat fee or apply a 15% reduction to the applicable Category for each Member.

TVAI - The above DTC Membership fees each include \$24 Annual (or \$12 per 6 months) Tennis Victoria Membership and Accident Insurance. This is a compulsory levy paid by the club for all members.

### New Membership details:

Membership Category (See Above)

Surname: ..... Category: .....

First Names: 1. .... 2. ....

and D.O.B. 3. .... 4. ....

(18yrs or under) 5. .... 6. ....

Street..... Suburb ..... PostCode: .....

Telephone Number..... Mobile: .....

Email Address:.....

Occupation:..... Court Key Required (y/n): .....

I/We.....desire to become a member of the Donvale Tennis Club Incorporated and hereby agree to be bound by the Constitution/Rules and By-Laws of the Club. (Copies of these documents and the Membership Protection By-Law are available on request.)

Signature of Applicant..... Date:.....

### Payment:

Cash: Hand to Convenor or Membership Secretary (please do not post cash)

Cheque/Money Order: PO Box 75, East Doncaster VIC 3109

Bank Transfer: Account: Donvale Tennis Club Inc.  
BSB: 633-108 (Bendigo Bank) Account No: 1340 33133

When making Pay Anyone payment, please state your "surname, initial" (e.g. Smith, G) in the Description/Reference field.

Credit Card: Card No: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiry: \_\_\_\_\_ / \_\_\_\_\_

(VISA or MasterCard only) Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Official use only:

Allocated Member No:

Fee Paid: