BROWNS BAY RACQUETS MEMBERSHIP FORM

Tel: 478-6469
Fax: 478-6875
Email: info@bbrc.org.nz
www.bbrc.org.nz

Name: Mr / Mrs / Miss _____ _____
First name Last name

Address: _____

_____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email: _____

Occupation: _____ Date of Birth: _____

Membership Type: (Please circle)

- ☐ Full Senior / Senior Tennis / Senior Squash / Couple Midweek / Family / Student
- ☐ Intermediate 15 to 19 years of age Combined / Squash / Tennis
- ☐ Junior under 15 years Combined / Squash / Tennis
- ☐ Saturday morning junior tennis only

Family members included in this application:

Mr / Mrs / Miss	Name	Membership Type	Date of Birth

I am interested / I am not interested in playing Tennis / Squash.

I have played previously in _____ grade team.

I am available to help:

- (a) on a committee ☐
- (b) at working bees ☐
- (c) with juniors ☐
- (d) once a month as a voluntary bar person ☐

Your name and address will be kept on a database by The Browns Bay Racquets Club Inc. for the purpose of club membership records and for it to retain, use and disclose these to the regional/national association, sponsors and to other members of the Club. (This consent is given in accordance with the Privacy Act 1993).

How did you hear about the Browns Bay Racquets Club? _____

Signature: _____ Introduced by: _____

Office Use Only

Date: _____ Amount Paid: _____ By: _____ Security Card Purchased: Yes / No

Invoiced: ☐ Database: ☐ Acknowledged: ☐