Deaf Tennis Australia
MEMBERSHIP FORM
June 2009 – June 2010

PLEASE write in BLOCK LETTERS and use a black pen. If you have any questions relating to membership or need help filling out this form, please contact us at info@deaftennisaustralia.org

1. Member Details:

Mr / Mrs / Ms / Miss | Surname | Date of birth (if under 18) D D M M Y Y

Given Name (s)

2. Contact Details:

Unit / Number | Street

Suburb | State | Postcode

Email

Mobile Phone

3. Existing Tennis Involvement: -

3.1. Are you a member of a State Tennis Association (e.g. Tennis NSW, Tennis Victoria, Tennis QLD)?	Yes		**Member number (if known):**	
3.2 Are you a member of a local tennis club or centre	Yes		**Name of tennis club/centre:**	

4. Membership Type: -

Please circle one category

Membership Categories (please circle): - ADULT: -**$10.00** JUNIOR: - $5.00

* In consideration of your agreement to allow me to participate in Deaf Tennis Australia Inc events and activities as organised by Deaf Tennis Australia and its appointed representatives I hereby agree as a condition of participation, to waive, for myself, my executors, administrators, heirs and personal representatives, all claims of any kind, nature and description including past, present or future, including any claims in respect of injuries sustained in travelling to, from or participating in events, against Deaf Tennis Australia. I further agree to abide by all Deaf Tennis Australia Board decisions, and by the Tennis Australia Code of Conduct.

Signature: - Date: - D D M M Y Y

Please send this membership form, together with cheque / money order to: Deaf Tennis Australia
12 Albert Street
Williamstown
Victoria 3016

Cheque / Money orders to be payable to **"DEAF TENNIS AUSTRALIA INC"**

www.deaftennisaustralia.org

DTA office use only

Acceptance date: - D D M M Y Y Y Y