

South End Tennis Club

2019 Membership Application

Member Name: _____

Address: _____
(Civic Address) (City) (Postal Code)

E-mail: _____

Phone Numbers: _____
(Home) (Mobile) (Work)

Spouse Member Name: _____
(as part of family membership)

E-mail: _____

Phone Numbers: _____
(Home) (Mobile) (Work)

Children's Names and Birth Dates

1. _____ . Birth Date (mm/dd/yy) _____
2. _____ . Birth Date (mm/dd/yy) _____
3. _____ . Birth Date (mm/dd/yy) _____
4. _____ . Birth Date (mm/dd/yy) _____

Membership Fees:

Category	Fee	Quantity
Family I (Parents with Intermediate &/or Junior children)	\$595	
Senior (Over 24 as of Jan. 1 st , 2019)	\$275	
Intermediate (19-24 as of Jan. 1 st , 2019)	\$175	
Junior (8-18 years as of Jan. 1 st , 2019)	\$100	

Total: \$ _____

2019 Capital Campaign contribution
 please refer to the attached news letter

\$ _____

Total: \$ _____

Please mail your complete form
 with a cheque payable to South End Tennis Club to:

South End Tennis club c/o Michael Puccini,
 5415 Victoria Rd. Apt #105,
 Halifax, N.S., B3H 4K5.

OR email us your form and pay your fees via an e-transfer:

Please send both to southendtennisclub@gmail.com and use "tennis" as the answer to your e-transfer question.