



Deaf Tennis Australia Inc
(A0052381V)
Membership Form
Year to June 30th 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)

Grid for title: Mr / Mrs / Ms / Miss

Grid for Surname

Grid for Date of birth: D D M M Y Y

Given Name (s)

Grid for Given Name (s)

2. Contact Details:

Unit / Number

Street

Grid for Unit / Number

Grid for Street

Suburb

State

Postcode

Grid for Suburb

Grid for State

Grid for Postcode

Email

Grid for Email

Mobile Phone

Grid for 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)?

Form for 3.1: Member number (if known): Grid

3.2 Are you a member of a local tennis club or centre

Form for 3.2: Name of tennis club/centre: Grid

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 (DTA) events and activities as organised by DTA 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 DTA. I further agree to abide by all DTA Board decisions, and by the Tennis Australia Code of Conduct. I hereby grant permission to DTA to take photographic and video footage of me and to use this footage for promotional purposes, including websites, newsletters, and DVD/video. DTA membership may entitle me to membership of an affiliated state deaf tennis association where such association exists.

Signature (parent/guardian if U/18): -

Grid for Signature

Date: -

Grid for 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