



Ballinlough Tennis Club

Application for Associate Membership 2016/17

Payment by
Cheque/Bank
Draft/Money Order -
Strictly No Cash

Name

Address

Phone No. Mobile: (1)

E-mail address:

If you do not wish to receive information by text please tick this box

Table with 2 columns: Category, Sub. Row 1: Associate, €50.00

Applications for Associate Membership must be proposed by an existing Senior member and the reason for the application must be outlined.

I propose that be accepted as an Associate Member of Ballinlough Tennis Club

Proposer Print Name Signature

Reason for applying for Associate Membership:

For Office Use Only

Database

Date Application rec'd Received By:

Amount received Receipt No.