



Membership Application Form

Membership Category:

- ☐ Family
☐ Adult Single
☐ Junior Single – 8yrs to 18yrs
☐ Student Single – 18yrs to 23yrs in full-time education
☐ Tourist Family – not living within a 70 km radius of the club
☐ Tourist Single – not living within a 70 km radius of the club

Applicant 1

First Name: _____

Middle Name: _____

Last Name: _____

Sex: M ☐ F ☐ **DOB:** _____

Permanent Address: _____

Mobile: _____

Email: _____

Tennis Standard: Beginner ☐ Improver ☐ Advanced ☐

Ranking when applicable: _____

Applicant 2 (for family membership only)

First Name: _____

Middle Name: _____

Last Name: _____

Sex: M ☐ F ☐ **DOB:** _____

Permanent Address: _____

Mobile: _____

Email: _____

Tennis Standard: Beginner ☐ Improver ☐ Advanced ☐

Ranking when applicable: _____

Names of Children (for family membership only) | DOB | Sex

1. **Full Name:** _____ | _____ | M ☐ F ☐

2. **Full Name:** _____ | _____ | M ☐ F ☐

3. **Full Name:** _____ | _____ | M ☐ F ☐

'I agree to abide by the rules of Killaloe / Ballina Tennis Club'

Rules can be found on the club website: <http://kbtcl.ie/rules/>

(Parent/Guardian must sign for a junior single member)

Applicants' Signature(s): 1. _____ 2. _____