

Return completed application form plus total fee to: Barbados Tennis Association Inc. C/o Barbados Olympic Association Inc. Olympic Centre, Gary Sobers Sports Complex Wildey, St Michael, BARBADOS BB 15094 (246) 427 5300/5298 E-mail: tennisbarbados@caribsurf.com Website : www.tennisbarbados.org

## **APPLICATION FOR MEMBERSHIP**

| Name: Mr/Mrs/Ms//.                                    |                 |              |
|---|-----------------|--------------|
| Address:  |                 |              |
|   |                 |              |
| Tel. Home:  | Work:           | Cell:        |
| E-mail address:<br>(to which Notices, Newsletters etc | will be sent)   |              |
| Date of Birth (if under 18 years):                    | I<br>dd/mm/yyyy | Nationality: |

I hereby apply to be a member of the BARBADOS TENNIS ASSOCIATION and I agree to pay all fees and to abide by the Rules of the Association in force from time to time.

| Entrance Fee (Over 18 - BDS \$40; 18 & Under - BDS \$20)   | \$ |
|--|----|
| Annual Subscription (Over 18 - BDS \$50; 18 & Under – BDS \$25)  | \$ |
| Total Enclosed: (make cheque payable to Barbados Tennis Association - <i>Over 18 - BDS \$90; 18 &amp; Under – BDS \$45</i> ) | \$ |

| Signature of Applicant:   | Date: | dd/mm/yyyy |
|---|-------|------------|
| Signature of Parent/Guardian:   | Date: | dd/mm/yyyy |
| Signature of Proposer: <i>(must be current member of Barbados Tennis Association)</i> | Date: | dd/mm/yyyy |
| Signature of Seconder:  | Date: | dd/mm/yyyy |
|   |       |            |

| Approved by Council: |           | Date: |            |
|----------------------|-----------|-------|------------|
|                      | President |       | dd/mm/yyyy |