PARKVIEW LAWN TENNIS CLUB

APPLICATION FOR MEMBERSHIP

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Postal code |  |
| Telephone | (Work)  (cell) (Home) |
| E mail address |  |
| Date of birth |  |

The Honourable Secretary,

Parkview Tennis Club

Dear Sir/Madam,

I wish to become a member of the Parkview Tennis Club, and in the event of my application being accepted I undertake to pay the full fees charged.

Yours Faithfully

………………………. Date

2021 Subscriptions

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Age-on January-1 |  |  | Fee  July  December 2021 | Add Spouse/  Life partner | Add per child(1 or 2  -no charge for an additional child) |
| Senior Members-(Age 30-64) | Men/Women | | R 1200-00 | R 600,00 | R 180,00 |
| Veterans (over 65) | Men/Women | | R 660,00 | R 330.00 | R 180,00 |
| Young Adults employed(Age<30) |  | | R 480,00 | R 240,00 | R 180.00 |
| Full time students/scholars (8-29) |  | | R 282.00 | R 240.00 | R 180,00 |
| Country/Non Active members |  | | R 300.00 |  |  |

Gauteng Levies included in fees and no refunds allowed.

All application forms must be forwarded to; michael.brenkel@gmail.com

Contact –lizmaystanley@gmail.com - 0612034937

Or -[sdelapasture@yahoo.com](mailto:sdelapasture@yahoo.com) phone 0795416942