

RATHGAR TENNIS CLUB

APPLICATION FORM



FOR OFFICE USE ONLY

Amount

Date

Memb. No.

FOB Nos

Letter

Database

MEMBERSHIP DETAILS

Name Mr. / Ms _____

Full Address: _____

Work: _____ Mobile: _____ ITN No: _____

Home: _____ E-mail: _____ Date birth: _____

MEMBERSHIP CATEGORY (Tick required category box)

Family

Adult

Student

TENNIS STANDARD

Beginner

Social

League

(League levels last played)

CLUB MEMBERSHIPS (Previous membership of Rathgar or any other club and last year of membership)

FAMILY MEMBERSHIP ONLY

Partner name: _____

Work: _____ Mobile: _____ ITN No: _____

E-mail: _____ Date birth: _____

CHILDRENS' NAMES

DATES OF BIRTH

| CHILDRENS' NAMES | DATES OF BIRTH |
|------------------|----------------|
| | |
| | |
| | |
| | |
| | |

I/We agree to abide by all of the rules and regulations during my/our membership:

Signature: _____

Date: _____

Cheques should be made payable to Rathgar Tennis and Bowling Club and addressed to:

Membership, Rathgar Tennis Club, Herzog Park, Orwell Road, Dublin 6

Enquiries: rathgartennis@eircom.netWebsite: www.rathgartennis.com