

TURKS & CAICOS ISLANDS TENNIS FEDERATION
TCITF

MEMBERSHIP APPLICATION FORM
2009

Please return to TCITF Secretary: Tanis Wake-Forbes: email tawake@tciway.tc or cell no. 231-5012

CLASSES OF MEMBERSHIP 2009

- | | | |
|---|------------|------------|
| 1. Senior Playing Member (18 years of age and over) | \$450/year | \$45/month |
| 2. Family Member (2 adults + 2 juniors) | \$xxx | |
| 3. Junior Member (8-17) | \$xxx | |
| 4. Student Member (18+ and involved in full-time education) | \$xxx | |
| 5. Golden Member (age 65 and over) | \$xxx | |
| 6. Social Member (Non-playing member) | \$xxx | |

NAME	D.O.B.	CLASS	AMOUNT
	M / D / YR	#	\$
	M / D / YR	#	\$
	M / D / YR	#	\$
	M / D / YR	#	\$
TOTAL REMITANCE			\$

• Would you like coaching? List names and member type and age if junior:

NAME	MEMBER TYPE	AGE (if junior)

Address (It is important that all members complete this section to ensure that the club's records are accurate. Please include your current email address to ensure you receive the Club's newsletters.)

Name..... Tel No..... Cell No.....

Address..... Email Address.....

SIGNATURE..... DATE: M / D / YR

(Print Name)