

TENNIS CLUB KORDIN MEMBERSHIP APPLICATION FORM

PERSONAL INFORMATION

Full Name:	Date of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Phone Number:	Email Address:
Street Address:	
City:	Postal Code:
ID Card Number	Occupation:

MEMBERSHIP DETAILS

Membership Type	Details	Fee (€)
<i>Adult Individual</i>	Covers 1 player aged 18 years and over.	€50.00
<i>Junior Individual</i>	Covers 1 player aged less than 18 years.	€30.00
<i>Family</i>	Includes 2 adults (18+) and their dependent children.	€120.00

Select Membership Type: *Adult* *Junior* *Family*

DECLARATION AND SIGNATURE

I, _____, hereby declare that the information provided is true and complete to the best of my knowledge. I agree to abide by the club's rules and regulations. I understand that any false information may result in the denial of membership or termination if already accepted.

Signature: _____

Date: _____

INFO FOR FAMILY MEMBERSHIP

Full Name of Partner:

Date of Birth:

Gender:

Male

Female

Other

Phone Number:

Email Address:

INFO FOR FAMILY MEMBERSHIP

Full Name of Child #1:

Date of Birth:

Gender:

Male

Female

Other

INFO FOR FAMILY MEMBERSHIP

Full Name of Child #2:

Date of Birth:

Gender:

Male

Female

Other

INFO FOR FAMILY MEMBERSHIP

Full Name of Child #3:

Date of Birth:

Gender:

Male

Female

Other

SUBMISSION INSTRUCTIONS

- Please review all information before submitting your application.
- Completed forms should be sent to tck@tennisclubkordin.com or submitted in person at the club's administrative office.
- For any inquiries, contact us at tck@tennisclubkordin.com

