



Tennis Club Kordin
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Membership Application

NAME:

SURNAME:

ADDRESS:

POSTCODE:

ID. CARD NO.:

DATE OF BIRTH:

EMAIL:

TELEPHONE NO.:

MOBILE NO.:

OCCUPATION:

NAME OF PARTNER:

DATE OF BIRTH:

NAME OF CHILD:

DATE OF BIRTH:

NAME OF CHILD:

DATE OF BIRTH:

NAME OF CHILD:

DATE OF BIRTH:

SIGNATURE OF APPLICANT

SIGNATURE OF PROPOSER

MEMBERSHIP FEES

SILVER PLAN	€ 35.00
GOLD PLAN	€ 120.00
JUNIOR PLAN	€ 20.00
FAMILY PLAN	€ 85.00