



2019 Membership Application

Adult: Name: _____

Name: _____

Junior: Name: _____

Name: _____

Emergency contact person & Phone No: _____

Address: Street/ Box _____ City: _____

Postal code: _____ Phone: _____ Email: _____

Fees: Family: \$ 100 (2 adults & children at same address) by June 8 (\$ 120 thereafter)

Adult: \$ 50 by June 8 (\$ 60 thereafter)

Junior: \$ 10 age 18 and under

Please make cheque/money order (no cash) payable to “Port Dover Tennis Club”

Note: NEW members joining after August 1st will have their membership valid for the following season.

Port Dover Tennis Club: c/o Margie Parkes,
23 Schooner Dr.
Port Dover ON N0A 1N3

Membership Inquiries can be made to Margie: 519-583-2978 or w.parkes@sympatico.ca

I hereby apply for membership in the Port Dover Tennis Club for the 2018 season and agree to abide by The Club's Rules, Regulations, Policies and Procedures. I understand that all members of the PDTC Executive are indemnified and as such are not legally responsible for any injury or loss of property sustained by any member (or member's guest) while on the premises of the PDTC or while using equipment belonging to the PDTC. This agreement will apply to all future PDTC Executive members.

Signature

Date

Signature of parent or guardian for junior members

Date