Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr

Full name:	Preferred Name:	Date of Birth:	Gender: ☐ Female ☐ Male ☐ Other
Address:	Email:	Phone Number:	

Emergency Contact (Name and phone number):	Juniors Only: Parent/Guardian Contact: (Name/phone/email)
Please list memberships at other clubs	Tennis Juniors Only (up to 13 yrs): Nominated parent/guardian as practice partners:

I wish to apply for the following sports (you can choose more than one) ☐ Bowls ☐ Darts ☐ Tennis ☐ Friends of Vermont South	I wish to apply for the following membership category (choose only one) ☐ Adult ☐ Student (18 - 23 years of age) ☐ Junior (up to 18 years of age) ☐ Veteran (over 80 years of age) ☐ Social ☐ Family ☐ Reciprocal (tennis only, member at another club)

I hereby apply for membership of the Vermont South Club and if accepted I will abide by the Club Rules and By-Laws. I understand that applications are subject to approval by the Club Committee of Management and the Club reserves the right to decline any application. If my application is declined, a full refund will be given. I agree to allow the Vermont South Club to provide my contact details to the controlling bodies of applicable sports for the purposes of player registration and membership services.

Signature/Date **Total Payment Amount:** $_____**Member No:** _____ **Paid via** ☐ Direct Deposit ☐ Cash ☐ Cheque	I wish to nominate this applicant for membership of the Vermont South Club Nominator Name: _____Signature:_____ Seconder Name: _____Signature:_____