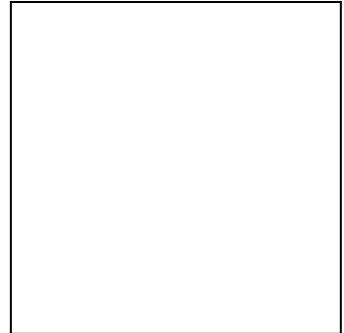


CHETWYND LAWN TENNIS CLUB

Upper St. Vincent Street, Tunapuna
membership@chetwyndtennis.org

MEMBERSHIP APPLICATION FORM

ANNUAL SUBSCRIPTION FEE: \$600.00



NAME: _____
SURNAME INITIAL FIRST

ADDRESS: _____

OCCUPATION: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

TELEPHONE: _____
HOME WORK MOBILE

DATE OF BIRTH: _____ O CNG*****HGO CNG
YEAR MONTH DAY

MARITAL STATUS: _____ ID/PASSPORT NO.: _____

EMAIL: _____

ALTERNATE EMAIL: _____ YEAR OF ENTRY INTO CLUB: _____

ALLERGIES/AILMENTS, ETC (If Any): _____

IN CASE OF EMERGENCY CONTACT: _____

RELATIONSHIP: _____ TELEPHONE: _____

HOBBIES: _____

RECOMMENDED BY: _____

RECOMMENDER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

FOR OFFICAL USE ONLY

APPLICATION ACCEPTED

APPLICATION REJECTED

MANAGEMENT OFFICIALS SIGNATURE:

NAME IN BLOCK: _____

SIGNATURE: _____

NAME IN BLOCK: _____

SIGNATURE: _____