

MEMBERSHIP APPLICATION FORM

Name of Ap	plicant:
Mailing Add	dress:
Suburb and	Postcode:
Telephone:	Home:
	Business:
	Mobile:
Email:	
Birthdate: .	••••••
Are you an	Old Boy (Y/N): Years at Scotch: Final year:
If not, do yo	ou belong to the Scotch Family* (Y/N):
v	ling for your contact details (telephone numbers & email address) ed on a list distributed from time to time to Club members (Y/N)
List any oth	er Tennis Club(s) to which you belong:
Having been invited by the Committee, I wish to apply to become a member of the Old Scotch Tennis Club, and in the event of my application being accepted, I agree to abide by the official rules of the Club and any other rules and regulations that may be adopted by the Club from time to time.	
Signature of	f Applicant: Date
Proposer:	Name:
	Signature: Date:
Seconder:	Name:
	Signature: Date:

* Scotch Family means boys at Scotch College & their families, Old Boys and their families, present and former members of the Scotch College Council and their families, and staff and employees of Scotch College and their families.