



**2024 Membership Application**

**Adult: Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Junior: Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Emergency contact person & Phone No:** \_\_\_\_\_

**Address: Street/ Box** \_\_\_\_\_ **City:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Fees: Family: \$ 140 (2 adults & children, same address) by June 8 Opening Tournament (\$ 160 thereafter)**

**Adult: \$ 70 by June 8 Opening Tournament (\$ 80 thereafter)**

**Junior: \$ 10 age 18 and under**

**Please make cheque payable to "Port Dover Tennis Club". E-transfers to portdovertennisclub1@gmail.com.**

**Note:** NEW members joining after August 1<sup>st</sup> will have their membership valid for the following season.

**Port Dover Tennis Club  
c/o Bill Parkes  
23 Schooner Dr.  
Port Dover ON N0A 1N3**

**Membership Inquiries can be made to Bill: 519-583-2978      portdovertennisclub1@gmail.com**

I hereby apply for membership in the Port Dover Tennis Club for the 2024 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.

**Please check and initial to agree: I agree to have my contact information published on the web-site private membership list.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian for junior members

\_\_\_\_\_  
Date