

MEMBERSHIP FORM 2026/27

34 Viking Street
Kingscliff NSW 2487

ABN 20 658 869 343



ANNUAL MEMBERSHIP

1st February 2026 to 31st January 2027


NEW MEMBERS

ADULT – SINGLE	\$150
FAMILY – 2 ADULTS	\$250
FAMILY – 2 ADULTS / 2 CHILDREN	\$280
JUNIOR – UNDER 18	\$60
COMPETITION ONLY (TDTA)	\$30

CASUAL MEMBERSHIP

From date application is accepted

3 MONTHS	\$75
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 All memberships (excluding Competition Only) include free daytime court hire which is booked via www.kingsclifftennisclub.com.au

- Non-members/Guests playing with members will need to pay a portion of the court hire fee. E.g. non-member/guest playing singles with a member pays \$7ph; non-members/guests playing doubles with a member pay \$3.50pp per hour.

 All members will be registered with Tennis NSW and will automatically have insurance cover

 Please visit www.kingsclifftennisclub.com.au for terms and conditions

 Please note that all memberships are non-refundable

Social Tennis

see website for days/times

Members	\$2	Non-members	\$10
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Payment details

Bank:	Commonwealth Bank
BSB:	062 673
Account Number:	1003 8410
Account Name:	Kingscliff Tennis Club Incorporated
Reference:	Full name and membership number (if known)

MONIES WILL NOT BE ACCEPTED UNTIL THE APPLICATION FORM IS COMPLETED

Office use:

Amount paid	\$	Date	Membership no.	Adult 1
				Adult 2
				Child 1
				Child 2

MEMBER DETAILS

All details are required

PLEASE RETURN COMPLETED FORM TO
info@kingsclifftennisclub.com.au

Mailing address

State _____ Postcode _____

Adult 1 (or Parent/Guardian if Junior member)

Family name _____ First name _____
Date of birth _____ Telephone _____
Gender Male Female Other Email _____

Emergency contact

Family name _____ First name _____
Relationship _____ Telephone _____
Email _____

Adult 2

Family name _____ First name _____
Date of birth _____ Telephone _____
Gender Male Female Other Email _____

Emergency contact

Family name _____ First name _____
Relationship _____ Telephone _____
Email _____

Child 1 (Emergency contact for Child 1 will be Adult 1 unless otherwise advised)

Family name _____ First name _____
Date of birth _____ Telephone _____
Gender Male Female Other Email _____

Child 2 (Emergency contact for Child 2 will be Adult 1 unless otherwise advised)

Family name _____ First name _____
Date of birth _____ Telephone _____
Gender Male Female Other Email _____