

MEMBERSHIP FORM 2026/27

34 Viking Street
Kingscliff NSW 2487

ABN 20 658 869 343



ANNUAL MEMBERSHIP

1st February 2026 to 31st January 2027

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

NEW MEMBERS

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 _____