



MAYNE ISLAND TENNIS

Membership Application

Category: Adult_____ Family_____ Junior_____

Name_____ M/F_____

Street: _____ (Last) _____ (First) _____ Tel: Res:()_____

City: _____ Prov: _____

E-Mail : _____

For family membership please list names:

Last First Male / Female Adult /Junior

Name: _____

Name: _____

Name: _____

Name: _____

Membership Fee Valid for Calendar Year Only

_____ Adults—individual @ \$40.00 \$_____

_____ Junior—Individual @ \$15.00 \$_____

_____ Family @ \$60.00 \$_____

Please return completed Membership Application with payment to:
Mayne Island Tennis Group,
c/o Barb Baldwin
499 Dalton Road, Mayne Island, BC. V0N 2J2