



Famagusta Tennis Club

Όμιλος Αντισφαιρίσεως Αμμοχώστου

MEMBERSHIP APPLICATION FORM

1. TYPE OF APPLICATION

REGULAR

JUNIOR

FAMILY

TEMPORARY

2. DETAILS OF THE APPLICANT OR FOR THE GUARDIAN FOR JUNIOR MEMBERS

Name:	SURNAME:
DATE OF BIRTH:	PLACE OF BIRTH:
OCCUPATION:	NATIONALITY:
NAME OF FATHER:	PLACE OF BIRTH:
NAME OF MOTHER:	PLACE OF BIRTH:

3. DETAILS OF SPOUSE

NAME:	SURNAME:
DATE OF BIRTH:	PLACE OF BIRTH:
OCCUPATION:	NATIONALITY:
NAME OF FATHER:	PLACE OF BIRTH:
NAME OF MOTHER:	PLACE OF BIRTH:

4. DETAILS OF JUNIOR MEMBERS (FROM 5 UP TO 17 YEARS OLD)

NAME:	DATE OF BIRTH:	MALE / FEMALE
NAME:	DATE OF BIRTH:	MALE / FEMALE
NAME:	DATE OF BIRTH:	MALE / FEMALE

5. HOME ADDRESS

STREET:	NO:	
DISTRICT:	TOWN:	PC:

6. DETAILS OF EMPLOYMENT / EMPLOYER

NAME OF EMPLOYER / COMPANY:	
ADDRESS OF EMPLOYER/COMPANY:	
WORK TEL. :	FAX:

7. DETAILS OF COMMUNICATION

HOME TELEPHONE:	WORK TEL. :
MOBILE TELEPHONE:	FAX:
E-mail:	

8. QUESTIONNAIRE FOR APPLICANTS

- i. Are you a member at another Tennis Club?
- ii. Are you registered in Cyprus Tennis Federation (CTF) through another Tennis Club?
- iii. If asked, will you register in Cyprus Tennis Federation (CTF) through our Tennis Club?
- iv. I/We will register in Cyprus Tennis Federation (CTF) only through your consent.

YES	NO
YES	NO
YES	NO
YES	NO

9. DECLARATION

Please approve my/our application for registration for Membership at F.T.C. (I/We am/are aware and have read the individual articles of the Statute (articles 5,6,7,10,12 and 13) and if I/We am/are accepted, I/We will respect and abide by the Statute and the Club's rules.

I/We declare that none of us **suffer** from any physical incapacity or have any medical restrictions and all the above information is true and I/We undertake the obligation to notify immediately the Club of any changes of the above.

I/We enclose the amount of € plus V.A.T. for registration and membership fee for this year.

Cheques have to be issued to " **Famagusta Tennis Club**"

Signature of Applicant: **Date:**

Signature of Spouse: **Date:**

Signature of Guardian: **Date:**

(Junior Members only)

10. STATEMENT FOR SUPPORT OF APPLICATION BY TWO REGULAR MEMBERS

We are registered as regular Members of F.T.C. and have settled our annual membership fees for this year. Therefore, we support the above application for registration.

Name: **Signature:**

Name: **Signature:**

Notes:

- Membership fee begins on 1st January and must be settled by 31st of March each year.
- Half of the annual membership fee is paid when the application is presented during the second half of the year.
- Persons who are over 18 years old are registered as Regular Members.

Type of Membership	Registration Fee	Annual Subscription
Family	€ 150.00	€ 750.00
2 Members (pair)	€ 120.00	€ 650.00
Regular	€ 80.00	€ 350.00
Junior members up to 18 years old	€ 50.00	€ 70.00
Junior members up to 8 years old	€ 40.00	€ 50.00

If you are **NOT INTERESTED** in receiving information of the Club by e-mail please note **X** here.

If you are **NOT INTERESTED** for your child's photo to be published in the media please note **X** here

<input type="checkbox"/>
<input type="checkbox"/>

11. FOR OFFICIAL USE

Date of application received:

APPROVED

Date of application inspected:

NOT APPROVED

Cash / Cheque: €

No. of Receipt:

Membership valid from:

No. of Register:

President:

Secretary: