



COLLEGIANS

Tennis and Squash

MEMBERSHIP APPLICATION FORM

Child (5-15) \$25 Adult (16+) \$50

Surname: _____

First Name: _____ M/F: _____

Address: _____

Phone: _____ DOB: _____

Email: _____

Signed: _____ Date: _____

Are you a member of Collegians RLFC Ltd

Y/N

Membership #:

OFFICE USE ONLY:

Amount Received:

Date:

Receipt No:

Received By:
