

For office use only:

Date application received.....,201..

Date accepted.....

POMANDER GATE TENNIS CLUB

P.O. Box HM 62, Hamilton HM AX, Bermuda

Tel: (441) 236-5400 Fax: (441) 236-5076

email: pgtc@northrock.bm www.pgtc.bm

MEMBERSHIP APPLICATION FORM

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Mr./Mrs./Ms.

First Name

Surname

Home Address

Mailing Address

Occupation: _____

Company Name: _____

Telephone: Home: _____ Office: _____ Cell: _____

Facsimile: _____ Email: _____

CLASS OF MEMBERSHIP:

Full: **FAMILY** (complete family details*) **SINGLE** **JUNIOR** (complete family details*)

Other: **SOCIAL** **OVERSEAS**

CORPORATE - NAME OF COMPANY: _____

***FAMILY DETAILS** (complete for Family and/or Junior Membership only)

Spouse Name _____

Child Name _____ Date of Birth _____ **JUNIOR MEMBERSHIP**

Child Name _____ Date of Birth _____ **JUNIOR MEMBERSHIP**

Child Name _____ Date of Birth _____ **JUNIOR MEMBERSHIP**

I hereby apply for Membership in Pomander Gate Tennis Club Limited ("PGTC"), that the above particulars are true, and that if elected to Membership, I shall abide by the governing rules of the Club and hold harmless PGTC from any and all liability, loss or damage that the Member may suffer as a consequence of any act, omission, default or negligence whatsoever by PGTC.

Signature of Applicant
Parent to sign for Junior Membership

Date

I hereby declare that the applicant is well and favourably known to me, that to the best of my knowledge and belief the above particulars are correct, and propose the applicant for membership. (If applying for Corporate Membership, Proposer should be the coordinator who is compiling the five or more members from that firm.)

SIGNATURE of Proposer

PRINT NAME of Proposer