

For office use only:

Date application received.....

Date accepted.....



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

Tel: (441) 236-5400

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www.pgtc.bm

MEMBERSHIP APPLICATION FORM

Mr./Mrs./Ms.	First Name	Last Name

Address

Phone #: _____

Email: _____

Occupation: _____ Company Name: _____

CLASS OF MEMBERSHIP:

Full (Tennis & Pickleball): FAMILY SINGLE Pickleball only: FAMILY SINGLE

Other: SOCIAL OVERSEAS JUNIOR UNDER 21: Date of Birth: _____
Parent Name: _____

FAMILY DETAILS (complete for Family Membership only)

Spouse Name: _____ Email: _____

Child Name: _____ Date of Birth _____

Child Name: _____ Date of Birth _____

Child Name: _____ Date of Birth _____

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 or their guest(s) 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.

SIGNATURE of Proposer

PRINT NAME of Proposer