



The Merchant's Guild

Membership Application



Name: _____

Address: _____

_____ Postcode: _____

Phone: _____ Fax: _____ Mobile: _____

Email: _____

Date: _____ Membership Number: _____

Signature: _____

To help us maintain accurate records please fill out the following details:

Racquet: _____ String: _____

Tension: _____ lbs _____ kg

Additional Information: _____

How did you hear about us? _____

Please print clearly. Once completed, please bring this form into our shop:

The Merchant of Tennis
Shop 5, Beecroft Village Arcade
6-8 Hannah Street
Beecroft NSW 2119

Phone: 02 9484 9113

