



Eric Bell Tennis Centre, 2A Piccadilly Road, Kingston 5; Phone No: 906-5700, Fax: 929-5878  
Website Address: www.tennisjamaica.org; E-Mail: admin2@tennisjamaica.org

**PROFESSIONAL MEMBERSHIP APPLICATION FORM**

**To: Board of Directors  
Tennis Jamaica**

**Date:** \_\_\_\_\_

I hereby apply to become a member of Tennis Jamaica and agree that if my application is approved, I will abide by the rules and bye-laws that govern the Association:

Name: (please print) .....

Address: .....

Telephone: Home..... Cell ..... Office:.....

email: .....

Date of Birth:

Gender: Male / Female

Proposed by: ..... Signature of Proposer.....  
(Any paid up member of the Association may be the proposer.)

**Type of membership:**

Adult - Coach (Annual fee Total J\$4,000)

Membership and entry fee enclosed for calendar year January – December, \_\_\_\_\_

Paid by: Cash  Cheque  \$ \_\_\_\_\_

Signature: .....

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**CANDIDATES BACKGROUND:**

Professional Tennis Certification (Please submit Copy)

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Attach Resume

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**FOR OFFICIAL USE ONLY**

Application approved/rejected at Directors' meeting of..... 20\_\_\_\_

Membership number ..... Membership card issued on .....

**TENNIS JAMAICA** .....  
**(Hon. Secretary)**

# Tennis Jamaica

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