



MEMBERSHIP FORM 2021

I, the undersigned, would like to become a member of the Seychelles Tennis Association and to abide to its Constitution and Rules that may be enacted from time to time by the Executive Committee.

Name: _____

Date of Birth: _____

Sex (Male/ Female): _____

National Identity Number: _____

Passport Number: _____

Nationality: _____

Address: _____

Telephone: _____

Email: _____

Signature

Date

.....
Official Use

Received by: _____

STA Receipt Number: _____

Payment Received: Cash / Cheque # /Bank Transfer _____

Membership fee per year: SR/- 1000 Seniors / SR/- 500 Juniors (<18yrs)