

MEMBERSHIP APPLICATION FORM 2018

Membership year: 1 April 2018– 31 March 2019 PRO-RATA SUBSCRIPTION RATES

* Indicates required information - see page 2 for subscription categories and rates.
 See <https://www.lta.org.uk/Members/Join/> for details on FREE BTM membership

Address: *

Post Code: *	Home Phone:
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FIRST MEMBER	
First Name: * _____	
Surname: * _____	
Date of Birth: *	Subs Category: *
Email: _____	
Mobile: _____ _____	

SECOND MEMBER	
First Name: * _____	
Surname: * _____	
Date of Birth: *	Subs Category: *
Email: _____	
Mobile: _____ _____	

THIRD MEMBER	
First Name: * _____	
Surname: * _____	
Date of Birth: *	Subs Category: *
Email: _____	
Mobile: _____ _____	

FOURTH MEMBER	
First Name: * _____	
Surname: * _____	
Date of Birth: *	Subs Category: *
Email: _____	
Mobile: _____ _____	

FIFTH MEMBER	
First Name: * _____	
Surname: * _____	
Date of Birth: *	Subs Category: *
Email: _____	
Mobile: _____ _____	

SIXTH MEMBER	
First Name: * _____	
Surname: * _____	
Date of Birth: *	Subs Category: *
Email: _____	
Mobile: _____ _____	

JUNIORS (PART 2)

Please provide details of a parent/guardian that we can contact in case of emergency:

Name: _____
Relationship to child: _____
Mobile: _____
Home telephone: _____
Work telephone: _____

Please use this box to describe any special care needs, dietary requirements, allergies or medical conditions:

Parent/guardian declaration (essential if applicant is under 18 years of age)

By signing and returning this form, I agree to the above named child/children taking part in the general activity of the club. He/she has agreed to follow the rules of the club and I agree to accept the code of conduct for parents. To my knowledge, he/she has no special care needs, dietary requirements, allergies or medical conditions that could affect his/her safety at the club, other than those declared on this form. I understand that in the event of any injury, illness or other medical need, all reasonable steps will be taken to contact me and to deal with the situation appropriately. I understand that I must inform the club of any changes to the information provided on this form.

Name (print) _____ Signed _____ Date _____

LTA Protection: tel: 0208 487 7000 email: childprotection@lta.org.uk <https://www.lta.org.uk/about-the-lta/policies-and-rules/>

PRO-RATA SUBSCRIPTION RATES 1 September 2018– 31 March 2019 Payment may be made by cheque or online bank transfer

	Sept	Nov	Jan	Quantity	Total
Adult (age 26-69)	£105	£75	£45		
Adult (age 70+)	£86	£62	£37		
Family (up to age 18 in full time education)	£225	£160	£96		
Young Adult (age 19–25)	£43	£31	£19		
Junior (age 9–18)	£43	£31	£19		
Mini Tennis (age 4–8)	£28	£20	£12		

[Note: age effective 1st April of calendar year]

Total value of Subscriptions

Extras- Clubhouse key (returnable deposit of £15 each) - Quantity Required -
(Keys remain the property of the club and must be returned on leaving the club when a refund will be made)

I enclose a cheque made payable to **Wargrave LTC** for £ . OR

I have paid £ by bank transfer.

For online payments:-

Wargrave LTC. Nat West Bank. Sort Code 60-10-35, Account No: 07864094

Signature

Date

WLTC will only use your personal data to send to you, by post or email, club news & information relevant to your membership of WLTC. It is not shared with outside organisations except the club's approved coaching company.
Please tick the box if you agree to your data being used as described.

WLTC may sometime use images taken at the club and other approved tennis locations for publicity purposes.
Please tick the box if you agree to your image being used

Please return this form to 'Membership Secretary', via email to: membership@wargraveltc.co.uk
by hand to the Clubhouse, or, by post to:
Chestnut Cottage, Crazies Hill, Berks. RG10 8PX