|  |  |
| --- | --- |
| Full Name (incl title) | Gender M/F |
| Address |  |
|  |  |
| Postcode |  |
| Email Address |  |
| Phone Number  |  |
| Mobile Number |  |
| Date of Birth |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Membership Type** | **D.O.B** | **Email Address (only for adults)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |



**ADDITIONAL MEMBERS**

**MEMBERSHIP APPLICATION FORM 2015/16**



***I/We apply for membership of Bagshot Tennis Club for the categories stated below*:**

**MAIN CONTACT DETAILS (must be an adult. Please still give parents details if only junior membership being applied as this will be clubs main point of contact in emergency)**

### Payment by cheque, payable to **BAGSHOT TENNIS CLUB** or by bank transfer to **Barclays Bank, Sort code 20-16-99, account number 60133469** (please quote members name as reference i.e smith 15/16) and also email malcolmpaul1@aol.com confirming the amount paid.

###

###

|  |  |  |
| --- | --- | --- |
| **MEMBERSHIP TYPES** | **Subscription (£)** | **Amount (£)** |
| 1st adult | 145 |  |
| 2nd adult | 120 |  |
| Junior/Student (must be under 18 years old as of 1/4/15) | 20 |  |
| Student away at college in full time education | 10 |  |
| 3 month trial membership (beginner/rusty racket only) (Exempt from club sessions, singles league, league teams) | 45 |  |
| Singles league subsidy (must be a full member to join) | 30 |  |

Total =£

### **MEDICAL INFORMATION**

### If any member on this membership has any medical conditions/requirements that should be known to the club in case of any emergency, then please complete the box(es) below (this information will be kept securely and only Management Committee members and coaches will have access)

|  |  |
| --- | --- |
| Member’s name | Details of special care/allergies or other medical conditions |
|  |  |
|  |  |
|  |  |

### **Data Protection (\*)**

### All applicants are deemed to agree to the information provided on the application form being held within the clubs database which is used in maintaining membership records, membership renewals, circulars and matters of interest related to the running of the Club. Bagshot Tennis Club undertakes not to release this information to third parties.

### **BRITISH TENNIS MEMBERSHIP**

### Unless already a member, by filling in this form you are also being automatically signed up as a British Tennis member free of charge. This will enable you to take advantage of the many benefits offered to British Tennis Members including Wimbledon tickets, exclusive news and discounts and player rating. By giving consent to you/your child becoming a British tennis member, you agree that you/yourchild will abide by the Terms and Conditions of British Tennis Membership (at [www.lta.org.uk/BTMTC](http://www.lta.org.uk/BTMTC)) and that the LTA and its directly affiliated bodies (see [www.LTA.org.uk/affiliatedbodies](http://www.LTA.org.uk/affiliatedbodies)) can use the personal data of you/your child, including sensitive personal data that you provide, for the purposes of your involvement in British Tennis and to send you/your child by post, e-mail or SMS information related to those purposes (for more information see [www.LTA.org.uk/privacy](http://www.LTA.org.uk/privacy))

###  I am already a BTM and my membership number is ...................................... (please ensure that your affiliated club on the LTA website is Bagshot and Crawley Rise Tennis club)

### .............................................................................................................................................................................................

### The member agrees to abide by the rules and the byelaws of Bagshot Tennis Club and signs below

### ***Parent/guardian declaration***

### *By signing and returning this form, i agree to......................................................................(child’s/childrens names) taking part in the general activities of the club. He she has agreed to follow the junior rules of the club, and i agree to accept the code of conduct for parents and acknowledge that i am responsible for their actions whilst on the Club premises. To my knowledgehe/he 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 another medical need, all reasonable steps will be taken, 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.*

### *SIGNED........................................................*

### *NAME.......................................................... DATE:-------------------------*

### How did you hear about the club? ..........................................................................................

### Please let us know if you would be willing to help with running of the club. Any offers of help are greatly appreciated, as all jobs at the club are done on a voluntary basis:

### Juniors courts maintenance social events tournaments

### **Please return your signed form and enclosures to : Malcolm Paul, BTC New Membership Secretary, 3 St Marys Gardens, Bagshot, GU19 5JX**

### **Please note your signed form must still be sent to the above address even if you have paid by Bank transfer.**