

BEARSDEN LAWN TENNIS CLUB

www.bearsdenItc.org.uk

Membership Application/Subscription Renewal 1 April 2019 -31 March 2020

Name of First Member: _______ Tel. No._____(H) _____(M)

BLTC Membership 72 Douglas Park Crescent Bearsden Glasgow G61 3DN

0141 942 6360

Address:Postco				Postcode	e:		
Email Address: (please print carefully)							
PLEASE COMPLETE TABLE BELOW:							
Type of membership	Subscription amount		Persons	Discounted fees *(see details below)		Persons	Total paid
Senior	£200	£120					
Reduced Senior (born 1993 - 2001)	£100	£60		£50	£30		
Day	£94	£57					
Junior (born 2002 - 2005)	£84	£51		£42	£26		
Junior (born 2006 - 2010)	£55-	£33		£28	£17		
Mini (born 2011 - 2013)	£35	£21		£18	£11		
Mini-tot (born 2014 - 2016)	£20	£12		£10	£6		
Family** (any 3 members all resident at same address)	additiona	0 + £15 £9 for each I member (if cheaper vidual memberships)					
TOTAL FEES PAID							

Cheques should be made payable to Bearsden Lawn Tennis Club and sent to the address at top of page.

N.B. Receipt of payment will be acknowledged by email unless S.A.E. is provided. Payment can also be made by bank transfer (Sort code 80-11-00, account number 06080198). Reference on Bank transfers should include first initial, surname and number of members, e.g. JSmith3. Whatever method of payment you use, this form must be completed and sent to the Membership Secretary at the address shown above.

Please indicate if paying by cheque, cash, or bank transfer (circle one of the following):

Cheque Cash Bank Transfer

Please list name, email address, membership category, gender and date of birth (reduced seniors, juniors, minis and mini-tots only) of all members for whom fees are being submitted.

Name	Email address	Membership category	Gender	Date of birth (if required)

^{*}DISCOUNT: Where there are three or more Reduced Seniors / Juniors / Minis / Mini-tots or a combination of these staying at the same address the OLDEST member is entitled to a 50% discount on their fee.

^{**} FAMILY MEMBERSHIP: If you wish, this can be paid in two instalments, the second cheque dated 1st July. Please submit BOTH cheques.

ules of the club. I unders used for administration pu	tand that membership det rposes only. Contact det passed to any third party	tails are held on computer rails may be shared with C rout with the Club. I give	if accepted agree to abide be database. This information ommittee members and Mato my consent to this. I HAVE	is ch		
IGNATURE:						
		nalf hour free coaching sessi remail gwtourtennis@gmail.				
FOR ALL JUNIOR / MI BELOW:	NI MEMBERS, PLEA	SE COMPLETE DETA	LS IN THE SECTION			
IUNIOR MEMBER D	ETAILS:					
Please complete all four	sections of this form.					
PART 1: NAMES AND E	MERGENCY CONTACT	T DETAILS				
Name of member	Emergency Contact Details					
	Contact name	Relationship to memb	er Contact telephone numb	oer		
PART 2: HEALTH AND S	rite "none":	t name or names) has heal t	h/care issues which could aff	ect		
Please complete details or w	vrite "none": (inser	t name or names) has healt es, and of which the club sho	h/care issues which could affected be aware.	ect		
Please complete details or was	vrite "none": (inser			ect		
Please complete details or was	vrite "none": (inser			ect		
Please complete details or was is/her safety at the club, e.g	vrite "none": (inser			ect		
Please complete details or whis/her safety at the club, e.g. Please provide details:	vrite "none": (inserg. diabetes, asthma, allergies ve named junior / mini men	es, and of which the club sho				

PART 4: TERMS AND CONDITIONS OF MEMBERSHIP

By signing and	returning this form, I agree that the above named junior (s) / mini tennis members:
	can take part in general club activities
	has agreed to follow the rules of the club applicable to junior members*
and I agree to:	
	accept the code of conduct for parents*
	club policy on transport of players to Junior Matches*
	give permission for the information above to be stored on a database
	inform the club of any changes to the information provided on this form.
*available at www	w.bearsdenltc.org.uk
	at in the event of any injury, illness or other medical need, all reasonable steps will be taken to contact I with the situation appropriately.
Parent/quardia	an's signature: Date: