



BEARSDEN LAWN TENNIS CLUB

www.bearsdenltc.org.uk

Membership Application Form

1 April 2024 - 31 March 2025

BLTC Membership
3 Roman Gardens
Bearsden
Glasgow
G61 2NQ

07968 672104
membership@bearsdenltc.org.uk

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

Address: _____ Postcode: _____

Email Address: (please print carefully) _____

PLEASE COMPLETE TABLE BELOW:

Type of Membership	Subscription Amount	Persons	Total Paid
NEW: Households with 3 or more members pay only for the 2 most expensive members. All other members are FREE . Please include numbers in each category below. This can be paid in two instalments (contact the Membership Secretary for details).			
Adult	£238		
18-25 (born 1999 - 2006)	£121		
Day (play Mon - Fri, 9am - 5pm only)	£114		
Junior (born 2007 - 2010)	£102		
Junior (born 2011 - 2015)	£68		
Mini (born 2016 - 2018)	£44		
Mini-tot (born 2019 - 2021)	£27		
Non-playing	£18		
TOTAL FEES PAID			

Whatever method of payment you use, this form must be completed and then sent or e-mailed to the Membership Secretary (for contact details, see above).

Please indicate if paying by bank transfer, cheque, or cash (mark as appropriate):

- **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).
- **Cheque** (payable to Bearsden Lawn Tennis Club).
- **Cash**

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

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

I hereby apply for my membership of Bearsden Lawn Tennis Club for 2024-25 and if accepted agree to abide by the rules of the club. I understand that membership details are held on a database. This information is used for administration purposes only. Contact details may be shared with Committee members and Match Secretaries and will not be passed to any third party out with the Club. I give my consent to this. I HAVE READ THE CLUB'S PRIVACY STATEMENT ON THE WEBSITE.

SIGNATURE: _____

All **new** Senior/Adult Family members are entitled to a half hour free coaching session.
 Contact club coach Gordon Wilson on 07841 392699 or email gwtourtennis@gmail.com

FOR ALL JUNIOR / MINI MEMBERS, PLEASE COMPLETE DETAILS IN THE SECTIONS BELOW.

JUNIOR MEMBER DETAILS:

Please complete all four sections that follow:

PART 1: NAMES AND EMERGENCY CONTACT DETAILS

Name of member	Emergency Contact Details		
	Contact name	Relationship to member	Contact telephone number

PART 2: HEALTH AND SAFETY DISCLOSURE

Please complete details or write "none":

_____ (insert name or names) **has health/care issues** which could affect his/her safety at the club, e.g. diabetes, asthma, allergies, and of which the club should be aware.

Please provide details:

PART 3: PUBLICITY

I give permission for the above named junior / mini member(s) to be involved in any **publicity** (including the use of still or moving photographs) used by the club for training or promotion.

Yes No

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.bearsdentc.org.uk*

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.

Parent/guardian's signature: **Date:**