

Please complete this form in **block capitals** and send it with your membership fee (see our website), to:
67 Cornwall Way, Southport, PR8 3SH (07875 631506 or membership@hillsideLTC.org.uk)

First (or only) applicant. (Use page 2 for additional family members living at the same address.)
For a juvenile member one parent or guardian must be at least a non-playing member.

Title: Full name: Address Post Code: Tel No: Mobile No: Email: Date of birth: British Tennis Membership Number (if you have one): If you would like details of British Tennis Membership emailed to you please tick this box <input type="checkbox"/>	Membership type (Please tick <u>one</u> only) <table border="1"> <tr><td>Adult</td><td><input type="checkbox"/></td><td>£...</td></tr> <tr><td>Over 75</td><td><input type="checkbox"/></td><td>£...</td></tr> <tr><td>Country</td><td><input type="checkbox"/></td><td>£...</td></tr> <tr><td>Student</td><td><input type="checkbox"/></td><td>£...</td></tr> <tr><td>Junior</td><td><input type="checkbox"/></td><td>£...</td></tr> <tr><td>Juvenile</td><td><input type="checkbox"/></td><td>£...</td></tr> <tr><td>Parent</td><td><input type="checkbox"/></td><td>£...</td></tr> <tr><td>Social</td><td><input type="checkbox"/></td><td>£...</td></tr> </table>	Adult	<input type="checkbox"/>	£...	Over 75	<input type="checkbox"/>	£...	Country	<input type="checkbox"/>	£...	Student	<input type="checkbox"/>	£...	Junior	<input type="checkbox"/>	£...	Juvenile	<input type="checkbox"/>	£...	Parent	<input type="checkbox"/>	£...	Social	<input type="checkbox"/>	£...
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Please write the number of sets of keys you require in each box and enclose the deposit

Courts keys (£5 deposit per set) Clubhouse keys (£15 deposit per set)

You must be over 18 for clubhouse keys. Deposits will be returned if you leave the club and return the keys. Please ask to be shown how to operate the shutters and burglar alarm.

Where did you hear about Hillside LTC?

Previous clubs (if any): Introduced by (if relevant):

If any applicant is under 18 please provide details of at least one parent or trusted adult contact in case of emergency

Name: Relationship:

Home tel: Mobile: Other:

Address:

Please indicate whether it is acceptable for your child to be included in club photographs: (Photos may be used for HLTC publicity purposes including the web site and local press, HLTC policy on images of children is available in the clubhouse.)

Please cross one out
 YES NO

Please give details of any relevant special care needs, dietary requirements, allergies or medical conditions on the second sheet of this application.

Hillside LTC’s acceptance of this form duly completed, together with the membership fee, entitles the Applicant(s) to provisional Club Membership ONLY. The form will be submitted to the Committee for approval and the Club shall not be called upon to offer any explanation if the application is rejected. Membership fees will be returned in full to rejected applicants. Accepted members will receive written confirmation of membership, usually within a month of application.

In signing this form you agree to ensure all applicants abide by the rules and codes of conduct of Hillside LTC and that your membership record(s) may be held by the club, to be used solely for contacting you about Hillside LTC matters, administration of your Hillside LTC membership and production of membership statistics. The club’s policies on **Safeguarding, Data Protection** and other codes of conduct are available in the clubhouse and on our website. You must inform the club of any changes to the information given on this form.

If you are a parent or guardian signing on behalf of your child then you are also declaring that the information given on this form is correct and that you and your child agree to abide by the club’s rules and codes of conduct.

Signature (on behalf of all applicants): Date:

Signature of parent / guardian (if any applicant is under 18 years old):

Additional applicants (living at the address given on page one)	Membership type																					
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Please use this space for details of any relevant special care needs, dietary requirements, allergies or medical conditions that we need to be aware of and indicate to which applicant(s) this refers:

Money enclosed	
Memberships	£
[†] Family discount	£
Memberships less family discount	£
Deposits for keys	£
Total enclosed	£

*Delete as applicable

[†]If there are 3 or more **playing** members in the same family and living at the same address then **all** members of the family at that address are entitled to a 10% discount.

Cheques should be made payable to Hillside Lawn Tennis Club.