

Please complete by **printing** in the boxes below:

Littleover Tennis Club

Adult Application Form - 2024

Name:						
(Please include title						
e.g. Mr, Miss etc)						
Address:						
Post Code:			Membership			
			Type:			
Email Address:						
Phone No(s):		(home)			(work)	
Mobile:						
British Tennis			Male/Female	:		
Membership Number:						
	otection (DP) box to the right of any info	rmation you do	NOT want to be re	corded or	the Club's web	site.
Please return this form, together with remittance to the Secretary: Mr. D. Chilvers, 66 Jackson Avenue, Mickleover, Derby DE3 9AT. Please make cheques payable to Littleover Tennis Club ; or pay directly to the bank at: Bank: Lloyds Sort Code: 309259 Account: 00677901 Please add your name as the reference so we know who it is for.						
Current subscription rates: Adult (over 18 on 1 st April 2024): Senior Citizen (over 60 on 1 st April 2024): Student (over 18 and in full-time education): Junior (under 18 on 1 st April 2024): Young Junior (in primary education on 1 st April 2024): Family (2 adults plus up to 2 juniors): Social (non-playing): There is a 10% reduction off the total subscription of family members living at the same address (except for Family category membership). Country membership can also be arranged – please contact the Secretary for details.						
Would you like your mol	oile number to be added to the C	Club's Whats	sapp Group?		YES / NO	
Please indicate how you	would prefer to receive commu	nications:	Email:		Post:	
If you are a new member, then please tell us how you found out about the Club: Word of mouth $\ Y/N$ Internet $\ Y/N$						
Local paper or free magazine Y / N						
I was introduced by (Please specify name of member)						
Other (Please specify)						
I confirm that I will be bound by and subject to the Policies and rules of the Club. These can be found on the Club website at www.littleovertennis.co.uk .						
Signature:				Date:		

DP