

Application Form (Family) – Club Membership Season 1st April 2024 to 31st March 2025

Eligibility: 2 adults and 2 juniors | other juniors charges at relevant junior rate



Main Contact Details

Name	
Address	
Postcode	
Home Tel	
Mobile Tel	
Emergency Contact Name Emergency Tel	
Email	
BTM No Register at www.lta.org.uk/	

Other Members

Full Name	If U 18 DOB	BTM	Contact No	Email

Membership Category *please tick

2024/25	Family £280	6 month payment plan available Please contact: wantennisclub@gmail.com

*Payment Method

Cheque	Cash	Bank Transfer

I, the main contact and undersigned apply for the category highlighted above for the season 2024/25. I agree to abide by the rules of the club as set out in the constitution and by-laws. It is understood that if this application is rejected the fee paid will be returned forthwith.

Please send this form to: **WANT Membership Secretary, Linda Baird, 8 Hillpark Terrace, Wormit DD6 8PN** or email to wantennisclub@gmail.com.

Signature: _____ **Date:** _____

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Please give us any feedback below:

Data Protection Statement: The Club will upload this information onto our membership database managed by ClubSpark. The Club maintains personal information solely for its own administrative purposes. By returning this form I agree to this use of personal data. ClubSpark Data Protection statement can be viewed at the following web page <https://clubspark.lta.org.uk/PrivacyPolicy>. March 2022