

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



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

Membership Category (*please tick)

Year:	Adult £140	65 + over @ 1/4/24 £70	Student £70	3month Student £45
2024/25				

*Payment Method

Cheque	Cash	Bank Transfer

I, the 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:** _____

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 2024*