

NEW MEMBER FORM 1 APRIL 2012 to 31 MARCH 2013

MEMBERSHIP CATEGORIES AND FEES

CATEGORY	DEFINITION	ANNUAL FEE	JOINING FEE	TOTAL TO PAY
Family	Two seniors with or without Children (under 18)	£278.00	£35 per family	£313.00
Senior	Over 18 and not a student	£153.00	£35 per form	£188.00
Junior	Under 18 on 01/04/2012	£48.00	None	£48.00
Parent & Junior	Junior under 8 on 01/04/2012 and parent to play ONLY with this junior	£48.00	None	£48.00
Student	Over 18 and in full time education	£54.00	None	£54.00
Day	Can only play on weekdays until 4pm	£72.00	£10 per person	£82.00

MAIN CONTACT DETAILS (contact point for membership communication*)

*please use separate form if just a junior is joining

FIRST NAME	<input type="text"/>	LAST NAME	<input type="text"/>
ADDRESS	<input type="text"/>	HOME PHONE	<input type="text"/>
	<input type="text"/>	MOBILE	<input type="text"/>
	<input type="text"/>	EMAIL ADDRESS	<input type="text"/>
POST CODE	<input type="text"/>	OCCUPATION (OPTIONAL)	<input type="text"/>
MEMBERSHIP CATEGORY	<input type="text"/>		

TICK BOX FOR PAYMENT METHOD:

CHEQUE CASH

TOTAL AMOUNT TO PAY

£

MEMBERS AT THE SAME ADDRESS AS THE MAIN CONTACT

FIRST NAME	LAST NAME	MOBILE NUMBER IF APPLICABLE	MEMBERSHIP CATEGORY	DATE OF BIRTH IF UNDER 18

JUNIOR MEDICAL INFORMATION

Please use the box below to describe any special care needs, dietary requirements, allergies or medical conditions for any juniors included on the form:

NAME	DETAILS

Parent/guardian declaration

By signing and returning this form, I agree to the names on this form taking part in the general activities of the club. He/she has agreed to follow the junior rules of the club, and I agree to accept the code of conduct for parents.

I give permission for my child to be involved in any publicity (including photographs/TV footage) surrounding the day to day running of Hartford Tennis Club. I also agree for my child to travel to away tennis matches with other parents providing that the person or persons concerned have signed the self declaration form and undergone any checks that the club deem necessary.

To my knowledge, he/she has no special care needs, dietary requirements, allergies or medical conditions that could affect his/her safety at the club, other than those declared on this form. 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.

I understand that I must inform the club of any changes to the information provided on this form.

Signed:.....Date:.....

Name:.....

Please tick the box if you would be interested in receiving club information via email

Please tick the box if you are happy to allow your telephone numbers to be sent to other senior members

PAYMENT

Please make cheques payable to Hartford Tennis Club and send with your completed form to:
Hartford Tennis Club, 244 Chester Road, Hartford, Cheshire, CW8 1LW

CONFIRMATION

Your registration confirmation will be sent by email. If you would prefer this to be posted please enclose a stamped addressed envelope