

NEW MEMBER FORM 1 APRIL 2018 to 31 MARCH 2019

MEMBERSHIP CATEGORIES AND FEES

CATEGORY	DEFINITION	ANNUAL FEE	JOINING FEE	TOTAL TO PAY
Family	Two seniors with or without Children (under 18)	£327.00	£35 per family	£362.00
Senior	Over 18 and not a student	£179.00	£35 per form	£214.00
Junior	At Secondary School Under 18 on 01/04/2017	£54.00	None	£54.00
Junior	At Primary School	£22.00	None	£22.00
Parent & Junior	Junior under 8 on 01/04/2017 and parent to play ONLY with this junior	£54.00	None	£54.00
Student	Over 18 and in full time education	£79.00	None	£79.00
Day	Can only play on weekdays until 4pm	£84.00	£10 per person	£94.00

MAIN CONTACT DETAILS (This will be our contact point for membership communication)

PLEASE NOTE: THIS SHOULD NOT BE A JUNIOR

FIRST NAME	<input type="text"/>	LAST NAME	<input type="text"/>
ADDRESS	<input type="text"/>	MOBILE (REQUIRED)	<input type="text"/>
	<input type="text"/>	EMAIL	<input type="text"/>
	<input type="text"/>	DATE OF BIRTH (For contacts who are also members)	<input type="text"/>
POST CODE	<input type="text"/>		
MEMBERSHIP CATEGORIES	<input type="text"/>		

TICK BOX FOR PAYMENT METHOD:

CHEQUE CASH

TOTAL AMOUNT TO PAY

MEMBERS

FIRST NAME	LAST NAME	MOBILE NUMBER	MEMBERSHIP CATEGORY	DATE OF BIRTH

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 (for junior memberships ONLY)

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.

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:..... Name: Date:.....

We send club communications by email and text to your registered mobile number.

Please tick the box if you give consent for us to send club information and notices via email

Please tick this box if you give consent for us to send club information and notices via text message to your mobile

Please tick to confirm that you have read and understood the club Code of Practice, Policies and Rules available on the website

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

Please note that your details will be stored and used for purposes of running the club and organising club activities only. We use mobile numbers for club communications only.