



MEMBERSHIP APPLICATION 2019-20

Main contact name (parent / guardian if under 18 years)	
Address	Home telephone
	Mobile
Postcode	Email

Member details

Name	Membership Category	Date of Birth	Age	Male/ Female	Subscription
					£
					£
					£
					£
					£
TOTAL					£

Category	Description	Annual Subscription
Senior	Adult - from 26 to 60yrs	£300
Young Family	2 adults with children up to age 17	£540
Single Parent Family	1 adult with children up to age 17	£300
Super/Vet Senior	61 years and over	£200
Midweek	Mondays – Fridays, 09.00 - 17.50	£200
Young Adult	18 – 25 years	£180
Student	18 – 22 years (with NUS card)	£100
Junior	12 – 17 years	£85
Mini	6 – 11 years	£55
Tots	0 – 5 years	Free
Parent	Parent entitled to play only with junior member	£85
Country	An adult who lives a distance from the club/has a primary membership elsewhere or only play matches.	£85

Note (1): The annual subscriptions include affiliations to Herts LTA. All subscriptions run from **1st May** for one year and existing members should renew by **1st May**. Pro-rata fees are available from September – please email for more information.

Please return completed application form to the Green Membership Box in the Club House, marked Membership Secretary | Sawbridgeworth Tennis Club
Springhall Road | Sawbridgeworth | CM21 9ET
T: 07964 239526 | E: info@sawbridgeworthtennis.org.uk

Pay by Direct BACS transfer to:
Sawbridgeworth Tennis Club
Sort Code: 20-36-98 Account No. 2085 1272
Or by cheque payable to Sawbridgeworth Tennis Club

Please turn over to complete and sign application form



Notes and Special Requirements

To ensure the safety of all members when at the Club, please use the box below to describe any special care needs, dietary requirements, allergies or medical conditions:

Member's signature

Signed.....

Date.....

Parent/guardian declaration (essential if applicant is under 16 years of age)

By signing and returning this form, I agree to the junior applicants named overleaf, 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

Date:.....

Name:.....

Relationship to Junior applicant(s):