



## MEMBERSHIP APPLICATION 2020-21

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
					£
					£
					£
					£
					£
<b>TOTAL</b>					<b>£</b>

Category	Description	Annual Subscription
Senior	Adult - from 23 to 59yrs	£315
Couple / Young Family	Couple or 2 adults with children up to age 17	£567
Single Parent Family	1 adult with children up to age 17	£315
Super/Vet Senior	62 years and over	£210
Midweek	Mondays – Fridays, 09.00 - 17.50	£210
Young Adult	18 – 22 years	£190
Student	18 – 22 years (with NUS card)	£105
Junior	12 – 17 years	£105
Mini	6 – 11 years	£58
Tots	0 – 5 years	Free
Parent	Parent entitled to play only with junior member	£90
Country	An adult playing no more than 6 times in a season	£90

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:**  
 Membership Secretary | Sawbridgeworth Tennis Club  
 Springhall Road | Sawbridgeworth | CM21 9ET  
 T: 07964 239526 | E: [info@sawbridgeworthtennis.org.uk](mailto: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:

*I agree to share contact information which may be accessible through online login, with other members of the club.*

**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):.....

