

## MEMBERSHIP APPLICATION 2021-2022



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	2021 Renewal Rates
Young Family	2 adults aged 25 to 74 and all their children up to 17 years old	£567	£425
Senior	Adult aged 25 to 74	£315	£236
Senior plus One child	Senior + One child up to 17 years of age	£340	£255
Senior with children	Senior member + two or more children up to 17 years of age	£352	£264
Super Vet	Adult aged 75 years and over	£120	£90
Legacy Super Vet	Only available to individuals who held the membership Super Vet during the membership year 2020/2021. Please refer to Note 2.	£230	£172
Midweek	Adult aged 25 to 74 playing only Mondays – Fridays, 09.00 - 17.50 Only	£210	£157
Young Adult	Adult aged 18 – 25	£190	£142
Student	Adult aged 18 – 22 years (in full time education, NUS Card required)	£105	£78
Junior	Children aged 6 – 17 years	£60	£45
Tots	Children aged 0 – 5 years	£10	£7
Parent	Parent entitled to play only with a Junior or Tot member	£90	£67
Country	Membership for adult players who have primary membership elsewhere and will only play matches for Sawbridgeworth.	£90	£67
Non-Playing Parents/Social		Free	Free

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.

Note (2): Individuals who are eligible for this membership have their fees increase year on year by £20 until they reach either 75 years of age **or** their fee becomes equivalent in price to that of the Senior at which point they become a senior member until they reach 75.

**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: 07946 588883 | 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):.....