

FRAMLINGHAM LAWN TENNIS CLUB

MEMBERSHIP APPLICATION FORM for the period 1st April 2019 to 31st March 2020

Categories	Cat	Fee	Fee with early bird 5% discount if paid by 30.04.16	
Adult	A	£85	£80.75	
Young Adult (19-24)	YA	£50	£47.50	
Midweek Daytime	MD	£46	£43.70	
Couple	C	£135	£128.25	
Family 2 adults & up to 4 under 18s	FAM	£170	£161.50	Please complete Emergency Contact and medical form and media form for all JUNIORS**
Student (18+ in full time education)	STU	£45	£42.75	
Junior Under 18	J	£50	£47.50	Additional Forms required see above**
Adult Winter Only	AW	£45	N/A	
Junior Winter Only	JW	£10	N/A	

Membership for all Juniors includes 15 weeks of 1 hour group coaching sessions during the summer.

Please complete for each member

SURNAME	Forename	M/F	DOB *	Cat	Email	Telephone	Fee

*Date of birth required for Juniors, Students & Young Adults

** Emergency Contact Details & Medical Info & Media forms must be completed for all JUNIORS See forms 3 &4

Address _____ Post code _____

All membership application forms should be sent to the Treasurer – Sarah Elliott. These can be emailed to sarah.framtennis@gmail.com or mailed to Sarah Elliott, Treasurer, FLTC, Kentford Lodge, Fore Street, Framlingham IP13 9DF. Alternatively join online <https://clubspark.lta.org.uk/FramlinghamLawnTennisClub>

Payments

- Direct Debit via <https://clubspark.lta.org.uk/FramlinghamLawnTennisClub>
- can be made online via Bank Transfer to FRAMLINGHAM LAWN TENNIS CLUB: ACCOUNT NUMBER: 70402443 SORT CODE: 20-98-07 Ref: Name/Tennis Subs.
- cheques should be made payable to “Framlingham Lawn Tennis Club” and sent with a completed application form to Sarah Elliott, Treasurer,FLTC, Kentford Lodge, Fore Street, Framlingham IP13 9DF

Signature _____ Date _____ Amount £ _____

Method of Payment - Please delete as appropriate Cheque or Cash to Treasurer /Bank Transfer /Direct Debit

Data Protection Act and Privacy Statement: The Club holds information about its members on a database. This information includes membership details. Under the Data Protection Act we are required to inform you of this fact. Should you wish to object to such information being stored on computer, you should state clearly your objection on your membership form. Unless you state your objection clearly on the membership form or inform the Chairman or a Member of the Committee it will be assumed that you have no objections. The contact information you provide will not be distributed for commercial purposes. If contact information is given to someone outside the club for a specific event, the recipient of these contact details will be told not to use this contact information for other purposes than distributing information about that specific event.

Junior Emergency Contact Details and Medical Information

Name		Date of Birth	
BTM Number			
Home Phone		Mobile Phone	
Address			
Email			
GP Name		GP Phone	

Emergency contact

Name			
Relationship to player			
Home Phone		Mobile Phone	

Medical Information

Please list any allergies to medication/food/insect bites			
Please list any condition requiring medication and times medication to be taken		Is help required to administer medication?	
Please list any special dietary needs			
In an emergency, please indicate whether medical staff should withhold any treatment on religious ground		If Yes, please specify treatment to be withheld	
Other relevant information			

Media Consent Form

Junior Details

Name		Date of Birth	
BTM number If applicable			

..... (Junior name/ parent name if under 18*) give permission / do not give permission * to be involved in publicity, including photographs.

Signature..... Date.....

Name.....