



MEMBERSHIP APPLICATION FORM (2021)

Welcome to Ilkeston Tennis Club. Please complete the information requested below and return this form together with the appropriate annual subscription to the club secretary. All memberships run from 1st April (or the date of joining thereafter) to 31st March of the following year.

NAME (please print):

ADDRESS:

.....Post Code: D.O.B.:

Phone: (Home)..... (Mobile) Gender:

Email address (for newsletters etc.).....

Any Disability/Medical and Dietary Conditions.....

Please provide emergency contact details:

Name (Please print): Relationship (if applicable):

Contact No's: Home Mobile Work.....

Address:

.....Post Code:

**Method of payment
(Please tick one):**

CASH

CHEQUE

STANDING ORDER (Monthly)

BANK TRANSFER

Office notes only

Cheques should be made payable to " Ilkeston Tennis Club". Bank Details will be provided upon request.

By signing this form and joining Ilkeston Tennis Club, you agree to abide by the club rules, and follow our **conditions of use** when using our facilities.

Signature of Member: Date:

Signature of Parent/Guardian (if above member is under 18).....

By signing or submitting this form you grant permission for your contact details to be added to our database for the purposes of updates and newsletters from Ilkeston Tennis Club only. If you **DO** want to be included in our database please tick here.

Please return this form to:

Post: Liam Bates 221 High Lane East, West Hallam, DE7 6HZ | **Email:** secretary@ilkestontennisclub.com

www.ilkestontennisclub.com