

Application for membership 2014

www.sltcc.co.uk

PERSONAL DE	TAILS						
Title:	Forenames:		Surname:				
If you are applying for F	amily membership please prov	vide details of oth	ner family members including name, date of birth, gender	and partner's email address on a separate sheet.			
Address:	Postcode:						
County:		Country	: Date of birth:				
Gender: Male	Female	Email:					
Home tel:			Mobile:				
How did you hear a	bout the club?						
MEMBERSHIP	- please complete sect	ions 1 to 4 be	elow as applicable				
1 Please insert b	pelow the type of mem	bership you	are applying for. Details of our memberships	can be found overleaf.			
Type of membership):						
Juniors joining from Adults joining from Beginners joining fr	e any discount (if appli the coaching programme the coaching programme from the 'Beginners Introd	e 20% 10% luction to Tenr	Partners, siblings, sons/daughters of member Concession (benefit claimants) 50%				
4 Playing level -	Adult Tennis members		must complete the Junior form on the reverse our playing standard determines which club pla Beginner Not yet assessed				
Who advised on you	ur playing standard?						
	•		ation we will send a Gift Aid form to complete	w 🗆			
CHOICE OF PA	YMENT - See overleaf	for details of	how to pay	(please tick one box only)			
I would like to pay Over 6 months (ann	r by direct debit: nual memberships over £	100) 🗌	Over 3 months (amounts under £100)* *Adult playing memberships only	Single payment			
TOTAL AMOUNT	DUE &						
I agree to be bound by acknowledge the liabil will be held on a comp about club news, even information see www.	lity to contribute the sum of outer database for the admir its and AGM papers by ema sltcc.co.uk/privacy-policy/.	cles of Associat £1 in the event histration of the il and SMS. I un If you do NOT	ne following: ition, the by-laws of the club and any code of conduct of a shortfall of assets should the club be wound up. club membership only; (ii) my membership fee is not inderstand that the club will NOT share my personal dwant to receive the above information by email please R CLUB-RELATED SPECIAL OFFERS	I understand that: (i) my membership details refundable. I agree to receive information etails with any third parties. For more			
By filling in this form y Member you agree that its directly affiliated bothe purposes of your i	at you/your child will abide bodies (see www.lta.org.uk/af	signed up as a lead of the terms and filiatedbodies) of and to send yo	British Tennis Member for FREE. By giving your cons d conditions of British Tennis Membership (at www.lta can use the personal data of you/your child, including u/your child by post, email or SMS information relate	org.uk/members/join) and that the LTA and sensitive personal data that you provide, for			
Signature			Date				
	is completed form to	the Membe	ership Secretary – either leave in the pi	geon hole (in the club fover)			

or by post to The Membership Secretary, Sydenham Tennis Club, Lawrie Park Road, London SE26 6ET Sydenham Tennis Club is the trading name of Sydenham Lawn Tennis and Croquet Club Ltd. Registered address: Lawrie Park Road, London SE26 6ET. Registered in England No: 1280576

MEMBERSHIP CATEGORIES

Discounts are available on multi-sport membership.

For a full list of memberships, please contact us or visit www.sltcc.co.uk/joining for details.

TENNIS AND RACKETBALL MEMBERS	НІР	SQUASH AND RACKETBALL MEMBERSHIP						
Adult tennis (over 21)		£292	Adult squash and racketball (over 18)					
Adult beginners 6-month introductory offer*		£146	Junior squash and racketball	£31				
Young adult (18-21)/Full-time student**		£137	CROQUET AND RACKETBALL MEMBERSHIP					
Junior tennis (8-17)		£48	Adult croquet (over 18)					
Junior tennis (under 8)***		£24	Adult croquet (over 18) first year	£90				
Nominated junior tennis (under 18)		£103	Junior croquet (under 19)	£37				
Off-peak adult (weekdays before 6pm, Sats	after 5pm)	£108	SOCIAL MEMBERSHIP					
Full-time student outside London		£52	Adult	£21				
Family tennis ****		£568						
*Only available to joiners from the Beginners Introd			• •					
*** Free if a parent is a member. **** Two adults & any juniors (under 18) living at the same address.								
paper copy with your application. Please note we ca	annot accept elect Payment by chequ	tronic direct e and bank	download a copy at www.sltcc.co.uk/joining and retudebit mandates. If you are paying by direct debit please transfer are accepted by arrangement and are subject info@sltcc.co.uk.	e ensure				
In order to provide a safe club for all our junior menuses complete this form and get a parent or guardeness and provide a safe club for all our junior menuses complete this form and get a parent or guardeness and control of the same	mbers, we would	like you to t	ell us some information about yourself.					
Junior player's name (Please print)			Date of birth					
Please provide details of a parent/guardian that w	e can contact in	the case of	an emergency					
Name:	Relationship to child:							
Home tel:	Work tel:		Mobile:					
Address								
Email:								
Please describe any special care needs, dietary re	equirements, alle	rgies or me	dical conditions:					
Parent/guardian declaration (essential if applicant	is under 16 year	rs of age)						
club. He/she has agreed to follow the junior rules no special care needs, dietary requirements, allergi	of the club and I is ies or medical con injury, illness or o	agree to aconditions that	(child's name) taking part in general accept the code of conduct for parents. To my knowledged to could affect his/her safety at the club, other than the all need, all reasonable steps will be taken to contact me changes to the information provided on this form.	e, he/she has ose declared				
Signed:			Date:					



Name: