



ADULT/FAMILY MEMBERSHIP APPLICATION FORM

FULL NAME - PLEASE COMPLETE IN CAPITALS

(Mr Mrs, Ms, Miss)

.....

ADDRESS

.....

.....

POSTCODE

TEL NO : HOME

WORK.....

EMAIL.....

DATE OF BIRTH

OCCUPATION (optional)

.....

MOBILE PHONE NO:

.....

NAME OF COMPANY (optional)

.....

If you have advised us of your email address you will automatically be subscribed to receive e.news. If you do not want to receive it please tick here

Are you agreeable for your phone numbers being available to other members ? (Y/N)

Are you agreeable for your phone numbers to be accessible via E.G. website? (Y/N)

MEMBERSHIP CATEGORY

(Please tick appropriate box)

1st SPORT

2ndSPORT

Full Playing

Tennis

Squash

Young Adult

22–25 Tennis

Young Adult

19–21 Tennis

Family (**see back page)

Tennis

Squash

Student

Tennis

Squash

Young Adult

22–25 Squash

Young Adult

19–21 Squash

Off Peak

Squash

Juniors—please fill in a separate Membership Form

Hockey

Social

LTA Rating (if one)

Playing Standard (please circle)

Beginner / Intermediate / Team Standard

Ethnic Monitoring :

White

Asian or Asian British

Mixed

Black or Black British

Other Ethnic Group

How did you hear of East Glos Club?

(Please tick as appropriate)

- Member Website Poster / Leaflet
- Brochure Previous coaching at EG
- Media Coverage Driving past / sign
- Previous visit to club

Would you be interested in playing for an East Glos team
Yes No

Would you be interested in receiving coaching?
Yes No

Any medical conditions (asthma, allergies, etc).....

.....
Do you consider you have a disability Yes / No

If so please give further information.....

Extract from Rules: The election of new members to the club is at the discretion of the committee. Tennis, Squash, Hockey subscriptions are due annually on the 1st January and must be paid in full by the end of the month.

Rule 10 Resignations. A member wishing to resign must do so in writing to the Secretary before the date on which the subscriptions are due. If a member has to leave the area owing to change of employment that member may apply for a pro rata refund. The Executive committee shall consider every case on its own merits. Reasons for any decision need not be divulged.

Copies of the rules may be obtained from the club office.

**** FAMILY MEMBERSHIP**

FULL NAME (SPOUSE)

.....

DATE OF BIRTH

CONTACT PHONE NO:.....

FOR ALL JUNIOR MEMBERS, PLEASE FILL IN SEPARATE APPLICATION FORM.

Children Under 6 are Free if One Parent is a Full Playing Member

I enclose £ Membership fee, which,

I understand will be refunded if I am not elected.

DATE OF APPLICATION

SIGNATURE

Office Use only:

Membership Card/ Byelaws/ Rules/ Paid/

Code of Practice—Parent