

# MEMBERSHIP APPLICATION until 31 March 2010

BRABYNS TENNIS CLUB, BRABYNS BROW, MARPLE, SK6 7DA.

[www.brabynstennis.co.uk](http://www.brabynstennis.co.uk)

Special Offer for  
**NEW SENIOR** members -  
join now  
for £159!

Please tick the appropriate box

<b>RENEWAL</b>	<input type="checkbox"/>
<b>NEW MEMBER*</b>	<input type="checkbox"/>

MEMBERSHIP CATEGORY (age on 31 December 2009)	ANNUAL SUBSCRIPTION	Equivalent price per month
<b>SENIOR</b>	<b>£199</b>	<b>£16.58</b>
<b>INTERMEDIATE</b> (age 18-23)	<b>£114</b>	<b>£9.50</b>
<b>SENIOR CITIZENS</b> (age 60L-65M and over)	<b>£114</b>	<b>£9.50</b>
<b>JUNIOR 11-17</b>	<b>£67</b>	<b>£5.58</b>
<b>JUNIOR 10 &amp; under</b>	<b>£48.50</b>	<b>£4.04</b>
<b>WEEKDAY</b> (Monday to Thursday up to 6pm or 4pm when only three carpet courts available; Friday up to 4pm due to junior priority evening)	<b>£102</b>	<b>£8.50</b>
<b>FULL TIME STUDENT</b> (living away from home, university holidays only)	<b>£46</b>	<b>£3.83</b>
<b>SOCIAL / NON-PLAYING</b>	<b>£15</b>	<b>£1.25</b>
<b>COUPLES</b> (2 seniors)	<b>£310</b>	<b>£25.83</b>
<b>FAMILY</b> (children must be 17 or under)	<b>£330</b>	<b>£27.50</b>

The subscriptions include an LTA Affiliation Fee of £9.66 for seniors and £3.45 for juniors.

If you are currently experiencing financial difficulties and feel unable to pay this years subscriptions please write to Chad Davies (at the address below) outlining your situation & the committee may be able to offer assistance. All information will treated confidentially.

**Please complete the following details.**

ALL appropriate boxes must be completed (including Date of Birth if not a 'Senior'.)

FULL NAMES	Date of Birth	Membership Category	Subscription
1 _____	____/____/____	_____	£ _____
2 _____	____/____/____	_____	£ _____
3 _____	____/____/____	_____	£ _____
4 _____	____/____/____	_____	£ _____
<input type="checkbox"/> I enclose a cheque for £ _____		<b>TOTAL SUBSCRIPTION</b>	<b>£ _____</b>
<input type="checkbox"/> I enclose a completed Standing Order form			

A calendar and shoe tag will be sent to you after receiving your subscription. Please wear your shoe tag when playing at the club or you may be required to pay a visitor's fee.

Address \_\_\_\_\_

Post code \_\_\_\_\_ Telephone \_\_\_\_\_

E-MAIL \_\_\_\_\_ Occupation/s \_\_\_\_\_

I/We agree to abide by the Memorandum and Articles of Association and the Rules of the Club.

Signature of payer \_\_\_\_\_ Date \_\_\_\_\_

**■ FOR NEW MEMBERS ONLY**

Membership will commence on approval of this application at the next Committee meeting and will be notified to you by the Membership Secretary. For new members, a proposer and a seconder may be required.

● If you do not wish your name to be included in the membership directory on the club noticeboard, please tick here   
The database information is not passed on to other organisations.

Please send completed form and payment (cheques made payable to Brabyns LTC) and (if applicable) standing order form to:  
Chad Davies, Flat 3 The Gables, 4 Sandy Lane, Romiley, Stockport SK6 4ND.

Any queries please email Chad at: [chad@brabynstennis.co.uk](mailto:chad@brabynstennis.co.uk) or alternatively phone 07794 000 545

In order to provide a safe club for all our junior members, and to keep you up to date with club activities, we would like you to tell us some information about yourself.

Please complete this form and get a parent or guardian to sign it if you are less than 16 years old.

Please return the form to **Chad Davies** – address on front of form.

Name (please print)		Date of Birth	
Gender	Male / Female (delete as appropriate)		
Address			
Contact numbers	Home		
	Mobile		
Email address			

Please provide details of a parent/guardian that we can contact in case of an emergency:

Name (please print)			
Relationship to child			
Contact numbers	Mobile		
	Home		
Work Address			
Email address			

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 ..... (child's name) 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 (both Junior and Parent Codes are displayed on the Junior Noticeboard in the clubhouse). 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:.....

**LTA Child Protection**

T: 0208 487 7008/7116

M (24 hour): 07971 141 024

E: childprotection@lta.org.uk

www.LTA.org.uk/childprotection