

Membership Agreement



Detillens Lane
Limpsfield
Surrey
RH8 0DH
Tel. (01883) 714079

www.limpsfieldtennis.co.uk
info@limpsfieldtennis.co.uk

Membership No.

First Name	<input type="text"/>	Title	<input type="text"/>	Please tick if you DO NOT wish to have your details displayed in:- Club Directory <input type="checkbox"/> given to your Sports Governing Body <input type="checkbox"/> or DO NOT wish to receive communication from the Club. <input type="checkbox"/>
Surname	<input type="text"/>			
Address	<input type="text"/>			
Post Code	<input type="text"/>	D.O.B	<input type="text"/>	
Tel. (H)	<input type="text"/>			
Tel. (W)	<input type="text"/>	Profession	<input type="text"/>	
E-mail	<input type="text"/>			
Additional names	<input type="text"/>	D.O.B	<input type="text"/>	
	<input type="text"/>	D.O.B	<input type="text"/>	
	<input type="text"/>	D.O.B	<input type="text"/>	

Limpsfield Lawn Tennis Club, Detillens Lane, Limpsfield, Surrey and the above named Member now agrees to the following conditions that apply throughout the membership period and any authorised extended membership period.

MEMBERSHIP FEES AND JOINING FEES ARE NON-REFUNDABLE

Membership Category Requested:-

Platinum <input type="checkbox"/>	Single <input type="checkbox"/>	Joining Fee	<input type="text"/>	£
Gold <input type="checkbox"/>	Joint <input type="checkbox"/>	Part Season	<input type="text"/>	
Silver <input type="checkbox"/>	Family +3 <input type="checkbox"/>	or Qrtly Subs	<input type="text"/>	
Bronze <input type="checkbox"/>	Senior <input type="checkbox"/>	TOTAL	<input type="text"/>	
Copper <input type="checkbox"/>	Student < 23 <input type="checkbox"/>			
	Junior 12 - 17 <input type="checkbox"/>			
	Junior 5 - 8 <input type="checkbox"/>			
	Junior 9 - 11 <input type="checkbox"/>			

Payment		Receipt	
Paid	Method	Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Direct Debit Amount

£ Payments are made by Direct Debit and will be taken on the 1st of the month and these will continue thereafter until the Club receives cancellation in writing.

Annual Qrtly

First Direct Debit

1st

I sign below and thereby agree to abide by the membership rules & bye-laws and hereby confirm that I/we are fit, able and well to use the Club's facilities.

Club Member Date

Thank you for joining. Your membership commences on

(and in the event of an Annual Membership, your membership expires on)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Direct Debit for: Court Fees Subs: Annual Quarterly

First Name

Surname

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT

Name & Address of your Bank or Building Society

To:- The Manager

Post Code

Name(s) of Account Holder(s)

Account Number

Branch Sort Code

DIRECT DeBIT

Originator's Identification No.
8 3 0 3 8 1

Reference

Please pay 'Limpsfield Lawn Tennis Club' from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee.

Signature(s)

Date