

**Adult Membership Application Form**

To become a member of Elstree Lawn Tennis Club and British Tennis Membership, please complete this form and return to the Membership Secretary **Myra Rosen 11 Deacons Hill Road, Elstree, Herts WD6 3HY, Tel 020 8953 5795 / 07986 134 403. myrarosen@btopenworld.com.**

|  |  |
| --- | --- |
| **Title:** | **Gender (optional):** |
| **First Name:****Surname:****Date of Birth:** | **Address:****Town:****County:****Post Code:**  |
| **Home Phone:****Mobile:****Email:** | **Are you already a member of the LTA** **Yes/No****If Yes, please advise Membership #** |
| **Please let us know how you first heard about ELTC.** | **Friend/website/banner/other:****If other, please detail.** |

 **Membership Categories**:

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| --- | --- | --- | --- |
|  | **Full Member**  | **£180.00** |   |
|  | **Student Member (Must be in full-time education)** | **£72.00** |   |
|  | **Junior Member (Under 16)** | **£48.00** |   |
|  | **Social Member**  | **£18.00** |   |

Membership fees are payable annually on 1 May. New members joining after this date will be charged a *pro rata* fee, as set by the Membership Secretary. All applications will be considered by the Club’s Committee and their decision is final.

**Method of Payment: Cheque or Bank Transfer (please delete) Amount £………**

**Cheques payable to: Elstree Tennis Club**

**Bank Transfer to: Sort Code 20-74-09, Account 10147435. Ref: Members Full Name**

I have read, understood and agree to abide by the Membership Rules and safeguarding policies set out on the Elstree Lawn Tennis Club website www.elstreetennis.com.

 Name ………………………………………………… Date ………………………

 Signature ………………………………………………………………