

**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**:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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 ………………………………………………………………