



Fishbourne Tennis Club

RENEWAL Application for **MINI, JUNIOR & STUDENT** Membership

1st April 2022 to 31st March 2023

Full Name	<input type="text"/>	Date of Birth	<input type="text"/>
Email	<input type="text"/>	Mobile	<input type="text"/>
Address	<input type="text"/>		
Post Code	<input type="text"/>	Telephone	<input type="text"/>
Please ✗ the appropriate box(es) if you do NOT want these Email OR Telephone numbers to appear in the Members' list		Email	<input type="checkbox"/>
		Tele:	<input type="checkbox"/>
Membership Type (please ✗)	Mini <input type="checkbox"/>	Junior <input type="checkbox"/>	Student <input type="checkbox"/>

Annual Subscription 2022-23

- MINI** Aged 4 to 11 years on 1st April 2022 **£15***
- JUNIOR** Aged 12 to 17 years **£25***
- STUDENT** Aged 18 to 21 years (still in full time education) **£35***

***You can pay jointly if also renewing Adult Membership. Just complete both Adult and Junior forms and make one total payment. * Family discount: ALL Juniors free if one parent/guardian is an Adult Member.**

Online payment preferred to: SORT CODE 09-01-53 ACCOUNT No. 33095480
SURNAME and INITIAL as Reference, please.

Cheques should be made payable to **FISHBOURNE TENNIS CLUB**

I/We have paid (please ✗)	<input type="checkbox"/>	By Cheque	<input type="checkbox"/>	Amount	£ <input type="text"/>
Online					

Whichever method of payment you use, your **FORM must be RETURNED by POST or Email** to:
Ivor Smith, Membership Secretary, Maple End, Watery Lane, Funtington, W Sussex PO18 9LF
Email: fishbournetennis@gmail.com

TO BE COMPLETED BY PARENT / GUARDIAN OF CHILDREN UNDER 18:

★ Important : I have read and accept the **FTC Data Privacy Policy**.

- I give permission for my child named above to be involved in any publicity concerning Fishbourne Tennis Club, including the taking of photographs that may subsequently be displayed at the Club, appear in the local press or on the Club's or coaching website, or be featured in the Club's or coaches' publicity literature.
- **My child has the following special care needs, dietary requirements, allergies or medical conditions:**

Signed Parent/Guardian of children under 18	<input type="text"/>	Date	<input type="text"/>
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