

Applica	ation fo	r Adult M	embers	hip 15	st April 2024 t	o 31 st Ma	arch 2025
First Name				Surname			
Email				Mobile			
Address							
Post Code				Telephone			
		te box(es) if you er to appear in the			Email	N	Mobile
How would you like to be contacted by the Club? (*all that apply) Text Message Email							
Are you interested in representing the Club in local leagues? Yes No							
Are you interested in a Singles ladder at the Club? Yes No							
Are you interested in a Doubles ladder at the Club? Yes No							
Do you want Generation Tennis to contact you about their coaching programme? Yes No							
I hereby apply for Adult Membership of the Fishbourne Tennis Club and agree to abide by the Rules of the Club. I have read and accept the FTC Privacy Policy.							
Signed	a and acc	ept the FIC	Privacy Po	Date			
J							
Please Prin	it Name						
Annual Subscription £150 per Adult							
Joining Fee £15 per Adult							
TOTAL	per Adu	ılt £165					
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 pa	aid (please	×) Online	Ву С	heque	Amount £	•	
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							

30 to 45 □

45-60 🗌

Over 60 \square

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Age group? (optional)

Under 30 □