

RENEWAL Application for Adult Membership 1st April 2025 to 31st March 2026

		-				
	1 st Applicant		2 nd Applicant			
First Name		First Name)			
Surname		Surname				
Mobile		Mobile				
Email		Email				
	ppropriate box(es) if you do <mark>NOT</mark> hone numbers to appear in the N		Email Tele:			
Address						
Post Code		Telephone				
1 031 0000						
I/We wish to	renew my/our Adult M	embership of the	Fishbourne Tennis Club			
I/We wish to renew my/our Adult Membership of the Fishbourne Tennis Club. ★ Important : I have read and accept the FTC Data Privacy Policy.						
Signed		Signed				
U						
Age group? (opti	onal) Please 🗙 Under 30	30-45	45-60 Over 60			
Annual Subscription 2025-26 £165 per Adult						
			09-01-53 ACCOUNT No. 33095480 nd INITIAL as Reference, please.			

Cheques should be made payable to FISHBOURNE TENNIS CLUB

I/We have paid (please $ imes$)	Online	By Cheque

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: <u>fishbournetennis@gmail.com</u>