**Membership Renewal - Year-\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TTE Registration No. (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My address remains same as earlier / My new address is as below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name/Tel:

Any Health Issues:

I would like to renew my membership as (tick one):

Adult (18+): (Membership year 1st June – 31st May) : £60

Junior (<18): (Membership year 1st June – 31st May) : £10

I will pay, on demand, the TTE affiliation fee as applicable.

# **Amount paid:** £ (Cash / Cheque/Paid into Bank A/c)

# I also acknowledge that I will also be required to pay £10 monthly (juniors £5) to play at any of the 2 venues/5 sessions by a standing order to the club’s below bank account (preferred method) at the commencement of a month or pay extra £2 if paid by either by cash/cheque.

# Club Bank details: **Natwest Bank using Account Number: 62375466 Sort Code: 60-02-13**

I have read the club's constitution and abide by the club's rules which I have read and acknowledge with my signature below:

***Signed:*  *Date:***

# **Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signed:*  *Date:***

***(Please read, complete, sign the attached member Data Usage Consent form before submission)***

[www.bedfordcttc.co.uk](http://www.bedfordcttc.co.uk/) or mail to: chair@bedfordcttc.co.uk