
Membership Form - Year : _____

Name: _____ Date of Birth: _____

ETTA/TTE Registration No. (if any): _____

Nationality: _____

Address: _____

_____ Post Code _____

Tel: _____ Email: _____

Emergency Contact Name : _____

Emergency Contact Number: _____

Any Health Issues: _____

I would like to opt for the following membership option (tick one):

- Adult (18+): (Membership year 1st June – 31st May) : £60
 Junior (Under 18): (Membership year 1st June – 31st May) : £10

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

Total Amount: £ _____ (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)