**AUSTWICK TENNIS CLUB**

If you are paying by BACS please complete and return this slip as an email attachment to **j0martin@hotmail.com**(note the 0 is a number!!)

If you are paying by cheque you can print off the form and send it with your cheque to

**Robert Burdett The Rowe House, Horton in Ribblesdale, BD240HT**

In each case by 30th April 2022.

I/we would like to become member/s of Austwick Tennis Club in 2022-23.

( please state senior, junior or family member and ages of children)

Name/s..........................................................................................................

 .....................................................................................................................

Address .........................................................................................................

Tel. No\*...................................................

Mob. No\*.................................................

Email\* ....................................................................

\*Please tick here if you are happy for these details to be circulated to other club members.

Who should we contact in case of an emergency?

Name ………………………………………….

Telephone ………………………………………

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Members are encouraged to register with British Tennis as this brings benefits both to the club and individual members, including the opportunity to enter the Wimbledon ticket ballot.

BTA membership number ................................

Are you affiliated with any other clubs? If YES please state which .....................................

If you have not yet registered please go to [www.lta.org.](http://www.lta.org.uk/Members/Join)**[uk](http://www.lta.org.uk/Members/Join)**[/](http://www.lta.org.uk/Members/Join)**[Members](http://www.lta.org.uk/Members/Join)**[/Join](http://www.lta.org.uk/Members/Join)

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please tick the box if you **do not** wish to be registered with the British Tennis Association

**DECLARATION**

I confirm that I am fit to play tennis and will not play against the advice of my GP or Hospital Doctor.

I have read and agree to abide by the Club’s

* + Safeguarding Policy and associated Code of Conduct
	+ Diversity and Inclusion Policy.

Signed .......................................................... Date............................

Amount herewith £................paid by ...................................(Cheque/BACS/Cash)

If you wish to be registered as a non-playing member please indicate here: