



Membership Application

Title	First Name	Surname
Address	Date of Birth	
	Phone no.	
	Mobile no.	
Post Code		
Email Address		

(If you wish to apply for additional family members living at the address stated above, please complete the section overleaf.)

How did you hear about us? (Please circle one)	Local Press	Coach	Social Media	Website	Open Day	Friend
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Membership Category:

Method of payment: DIRECT DEBIT BANK TRANSFER CREDIT CARD CASH CHEQUE

*I agree to abide by the rules of the club.
I consent to the Club keeping my personal data as per the GDPR.
I consent that in an emergency the Club may give emergency first aid and /or other medical treatment which in the opinion of a qualified medical practitioner may be necessary.
I Consent to the Club photographing or videoing my involvement in tennis under the terms and conditions in the Club photography/video policy

Signature *

Date of application

For current fees please see the 'Membership Fees' Information document

Methods of payment –

- Direct Debit – please complete a DD form and return with the membership form
- Cheque payable to Horsham Sports Club
- Credit Card (in person or by phone during office hours)
- Cash (in person only)
- Bank transfer to Sort Code 30-94-41 Account No 00327172 – please use TENNIS/YOURSURNAME as the reference

DATA PROTECTION:

In order to comply with new Data Protection laws (GDPR) the information you provide in this form will be used solely with you, and/or your child/children as a member(s) of Horsham Lawn Tennis Club. The club has a Data Privacy Policy which can be found at www.horshamsportsclub.com/sports/tennis or from the club office and on the club noticeboard. Your data will be stored and used in accordance with this policy.
The Club's photography and video policy is available on Club notice boards, the Club website as above or from the Club Office.

Membership Application

Additional Family Members (Living at the same address)

Partner

Title	First Name	Surname
Membership Category		Mobile No
Signed *		Date
Email Address:		

* see previous page

Children under the age of 18 years

Name	Name
Date of Birth	Date of Birth
Membership required	Membership required

Name	Name
Date of Birth	Date of Birth
Membership Required	Membership required

Additional agreement to be signed by a parent/guardian of any junior under 18

By returning this completed Junior Membership Form, the parent/guardian;

- Agrees to my child/children taking part in the activities of Horsham Lawn Tennis Club.
- Confirms that i have legal responsibility for the child/children and are entitled to give this consent.
- Understands that i will be kept informed of activities at the Club.
- Agrees to abide by the Club Rules
- Gives consent that in an emergency the Club may act in my place (in loco parentis) for the administration of emergency first aid and / or other medical treatment which in the opinion of a qualified medical practitioner may be necessary and understands that in such an occurrence all reasonable steps will be taken to contact me as the parent / legal guardian. I confirm that to the best of my knowledge my child/children does not suffer from any medical condition apart from those detailed above.
- Confirms that to the best of their knowledge all information provided in this form is accurate and that i will inform the Club of any changes to this information in a timely manner.

Parent/Guardian Name.....

Emergency Contact Details.....