

**Adult Membership Application Form 2024/5**

To become a member of Elstree Lawn Tennis Club and British Tennis Membership, please complete this form and return to the Membership Secretary **Myra Rosen 11 Deacons Hill Road, Elstree, Herts WD6 3HY, Tel 020 8953 5795 / 07986 134 403. myrarosen@btopenworld.com.**

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| --- | --- |
| **Title:** | **Gender (optional):** |
| **First Name:****Surname:****Date of Birth:** | **Address:****Town:****Post Code:**  |
| **Home Phone:****Mobile:****Email:** | **Are you already a member of the LTA** **Yes/No****If Yes, please advise Membership #** |
| **Please let us know how you first heard about ELTC.** | **Friend/website/banner/other:****If other, please detail.** |

 **Membership Categories**:

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| --- | --- | --- | --- |
| **Adult Member** |  **£220** | **Social Member non playing**  | **£20** |
| **Student Member 17-24 (In full time education**) | **£80** |  |  |
| **Junior Member** **- 16 and under** | **£50** |  |  |

Membership fees are payable annually on 1 May. New members joining after this date will be charged a *pro rata* fee, as set by the Membership Secretary. All applications will be considered by the Club’s Committee and their decision is final.

**Method of Payment: Cheque or Bank Transfer (please delete) Amount £………**

**Cheques payable to: Elstree Tennis Club**

**Bank Transfer to: Sort Code 20-74-09, Account 10147435. Ref: Members Full Name**

I have read, understood and agree to abide by the Membership Rules and Safeguarding policies set out on the Elstree Lawn Tennis Club website [www.elstreetennis.com](http://www.elstreetennis.com).

I agree that I will not play at the club if I am unwell, injured or advised by a medical professional not to do so.

 Signature ………………………………………………………………

 Name and Date ……………………………………………………