



# Leicestershire Lawn Tennis Club

APPLICATION FOR MEMBERSHIP

Mr / Mrs / Miss / Ms / Dr / Other [please circle]

First Name(s) \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Telephone/Mobile Numbers \_\_\_\_\_

\_\_\_\_\_

The use of all information on this form will be in accordance with the regulations of the Data Protection Act.

Subscription rates below are for a full year from 1st March to the end of February. To calculate the amount payable, divide by 12 and multiply by the number of complete months remaining up to and including next February.

(Ages apply as at the previous 1st March.)

	£	✓ as required
Adult over 30	398	<input type="checkbox"/>
Adult 28-30	312	<input type="checkbox"/>
Adult 25-27	258	<input type="checkbox"/>
Adult 22-24	208	<input type="checkbox"/>
Adult 18-21	144	<input type="checkbox"/>
Full-time Student	80	<input type="checkbox"/>
Squash Only	118	<input type="checkbox"/>
Social Member (non-playing)	53	<input type="checkbox"/>

I hereby apply for membership of Leicestershire Lawn Tennis Club and agree to abide by the Club Rules. (I understand that my application may be subject to review and that all fees will be returned in the event of my application being rejected.)

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Please return this form with payment to:

Leicestershire Lawn Tennis Club, Westernhay Road, Leicester, LE2 3HF  
(cheques should be made payable to LLTC Ltd).