

THE ALBERT LAWN TENNIS CLUB

Form of Application for Senior Membership

(Please write in Block Capitals)

Title _____ Initials _____ Forename _____ Surname _____

Address _____

Postcode _____ Telephone Number _____

E-mail _____

Date of Birth (if applying for U21 or U25 categories) _____

I wish to apply for Membership of the Albert Lawn Tennis Club and, if elected, agree to abide by the Rules of the Club.

Please tick appropriate box.

Tennis Country Associate/Adult Beginner Table Tennis

U25 Tennis U25 Country Daytime Social

U21 Tennis U21 Country

Family Couple

I have been a member of the following Clubs _____

I heard about the Albert from: MEMBER ADVERT OPEN DAY WEBSITE OTHER -----

Have you received our membership details and information leaflet? Yes/No

Signed _____ **Date** _____

All membership records are held on computer.

The Club reserves the right to refuse membership, without disclosing any reason.

Please tick the box if you do not want your phone number on a list distributed to other members.

Please send completed form to:

Subscriptions, Albert Lawn Tennis Club, Aldersley Road, Tettenhall, Wolverhampton, WV6 9NA

FOR CLUB USE ONLY:

Fee paid Introduced by Database Address table