

# Membership Form



Downend & Frenchay Tennis Club

## Adult Membership Details / Guardian/Parent Details if applicable

First Name:	Surname:	Date of Birth:
Gender:	BTM Number:	Email:
Address (incl. postcode):		
Mobile:	Tel:	
Emergency Contact Name & Number:		

### Child Details (If applicable)

First Name:	Surname:	Date of Birth:
Gender:	BTM Number:	School:

**Please circle/tick membership category  
(if paying after year start pro rata membership fee will apply please ask for details)**

Adult Membership £160 / £15 Monthly	Junior Membership £65 / £6 Monthly	Mini Membership £45 / £4 Monthly
Under 5s Membership Free	Student Membership £50	8 Week Trial Membership Adults £20 Juniors £5

### Please circle/tick payment option

Bank transfer to club account: Lloyds TSB Sort: 30-98-06 A/C 01365085 <b>Please put name as ref followed by Mem</b>	Online via our website: <a href="http://www.downendandfrenchay.co.uk">www.downendandfrenchay.co.uk</a> Membership tab Select Membership Offer	Cheque please make payable to: 'Downend and Frenchay Tennis Club' post cheque and form in clubhouse
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Are there any medical details we should be made aware of? If yes please complete the club medical history questionnaire.	YES	NO
How did you find out about the club:		
I give permission to take photographs and / or video for use on our publicity, website and social media.	YES	NO
I give permission for DFTC to use my personal details for Club communication purposes only. We would like to assure you that we do not pass any details whatsoever to any third party. However, we do need to ask you if you are happy and give permission for DFTC to contact you from time to time.	YES	NO
Signature: .....		