

Additional Members at Same Address:

Last Name:	First Name(s):										
Mobile No:	Emergency No:										<i>Compulsory for U16s</i>
Email:	Date of Birth:										<i>Compulsory for U23s</i>
#	BTM No:	Adult <input type="checkbox"/>	Youth <input type="checkbox"/>	Junior <input type="checkbox"/>	Mini <input type="checkbox"/>	Tots <input type="checkbox"/>	Senior <input type="checkbox"/>	Squash <input type="checkbox"/>	Bowls <input type="checkbox"/>	Social <input type="checkbox"/>	

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Data Protection Statement :By signing this form, you agree that the Club and the LTA and its national, county and island associations can use your personal data, including sensitive personal data, for membership purposes and to send you by post or email or SMS information related to those purposes. For further details please see www.lta.org.uk/privacy.

To help us raise funds for tennis, the LTA may also wish to do the following (please tick the appropriate the box if you do not want us to):

- send you information about LTA offers and about offers from carefully selected third parties by post/email/SMS
- pass your contact details to carefully selected third parties so that they can send you, by post, details of their products and services

Terms and conditions: The Terms and Conditions of British Tennis Membership can be accessed at:

www.lta.org.uk/BritishTennisMembership/Termsandconditions.pdf or from your club secretary. The Club Rules are available at: Bridgend Tennis Club

By signing below I agree to:-

- Become a member of Bridgend Tennis, Squash and Bowls Club and British Tennis Membership
- **Abide by the Club rules and code of conduct for parents, coaches and children and the terms and conditions of Bridgend Tennis Club / British Tennis Membership**
- The Data Protection Statement above
- **PARKING AT THE CLUB IS LIMITED TO PERMIT HOLDERS/MEMBERS ONLY. If the car park is full, please seek for an alternative car parking arrangements. DO NOT PARK IN THE LANE.**

Signed (Member) Signed (Parent/Guardian) Date:.....

Payment with Application	Card / Standing Order Payments								Staff Initial
Date:	Date:								
Paid:	Amount:								