



1846

THE LEAMINGTON TENNIS COURT CLUB

50 BEDFORD STREET, LEAMINGTON SPA, CV32 5DT TEL: (01926) 424977

EMAILS: GENERAL: club@leamingtonrealtennis.co.uk; TENNIS: tenniscourtclub@hotmail.com

NOMINATION FOR MEMBERSHIP

NAME:.....
ADDRESS:.....
POST CODE:.....
TEL HOME:..... TEL OFFICE:
MOBILE NO:..... EMAIL: (Please print).....
DATE OF BIRTH: CATEGORY OF MEMBERSHIP (see below):
PROFESSION:..... COMPANY NAME:.....
CANDIDATE'S SIGNATURE:.....

By signing this Nomination Form, I confirm that I have read and agreed to the Notes 1 to 4 inclusive below.

PROPOSED BY: (please sign) (please print)
SECONDED BY: (please sign) (please print)

How long have you known the candidate? Proposer: *years: Seconder: *years
*(Proposer and Seconder must be Members of 3 years standing)

CATEGORIES OF MEMBERSHIP & SUBSCRIPTIONS

Table with 2 columns: Category and Price. Rows include TENNIS (Individual: £590, Full Family: £790, Under 30/Over 70: £290, Under 25: £105, Under 21/Student: £40, Over 20 miles radius: £250, Over 40 miles radius: £130), GENERAL (New General: £185, General Under 30: £77, Junior Under 21: £40, General partner of existing member: £50, Country Over 20 miles: £34).

- NOTES
1. Subscriptions must be paid by Direct Debit. A mandate will be sent in due course.
2. All members' accounts must be settled promptly upon receipt.
3. I hereby consent to the Club communicating with me by Email
4. I hereby consent/do not consent* to my personal details being published in the Club Handbook
*delete as appropriate. No deletion will be regarded as consent.