



ADULT MEMBERSHIP APPLICATION

Title First Name Surname

Address

Postcode

Phone Mobile D.O.B

Email

Emergency Contact Name: Phone:

Medical Conditions

Membership Type -please tick all applicable

Racquets Full Adult Single Racquets Family

Student (Age 18 or over and must be in full time education) Social (non-playing) U8 & Parent

Young Adult Racquets (18-25 years of age) U11 & Parent

BTM number (if known)

FAMILY & PARENT/CHILD MEMBERSHIPS – PLEASE COMPLETE 1 FORM PER MEMBER (ADULT OR U18)

How did you hear about us?

I am being introduced by a Weald Club Member (Please confirm their name)

Thank you for completing this application form. Your personal data will be processed by the Club in accordance with current data protection legislation, for the purposes of the club and membership administration and also to update you about and facilitate your participation in club activities.

Your privacy is important to us and we will always keep your details secure and never use them for marketing purposes that you have not agreed to receive. Further details are available in our privacy policy which can be found at <http://www.the-weald.co.uk/index.php/membership/privacy-policy>

To comply with the relevant legislation, we need your permission to undertake certain activities.
Please read through the following statements and indicate whether or not you give your consent:

1. Consent to receive Weald emails:

We would like to send you regular newsletters and information regarding club activities, including special promotions for members, notification of events and occasional surveys by email.

Please indicate here if you would like to receive such emails: Yes No

2. Consent for inclusion in the Club directory:

*Your contact information may be listed on the clubhouse notice board (e.g. for box leagues) and will be listed in the Club's court booking/members directory system (Ebooking). **Only other members, club officers/administrators or coaches can see this information. Mini memberships (U8 and U11 will not be included in the directory)***

Please indicate here if you give permission to be included in the directory: Yes No

3. Consent for use of images:

We occasionally use photographic images of tennis club activities, including participants for promotional and reporting purposes.

Please indicate here if you give permission for the use of such images: Yes No

4. Consent to process medical information and share in an emergency:

If you have provided medical information, then we need your permission to process this information and to be able to share it in the event of a medical emergency.

Please indicate here that you consent to us processing your medical information and sharing it in a medical emergency. Yes No

By signing this form: (signatures and consents required by each applicant)

- I agree to abide by the club rules which can be found here www.the-weald.co.uk/index.php/membership/club-rules-1
- I have read, understood and agreed to the club's privacy policy www.the-weald.co.uk/index.php/membership/privacy-policy

Signature:

Date:

OFFICE USE

Received by	Date Received	Cash (Amount)	Cheque (Amount)	Debit/Cr Card (Amount)	DD	Database entry	Welcome Pack	Key Fob	Welcome email