

# Leixlip Tennis Club

Application for Membership Renewal 2018/2019

From 1<sup>st</sup> March 2018 to 28<sup>th</sup> February 2019



PLEASE USE BLOCK CAPITALS WHEN COMPLETING THIS FORM (ALL DETAILS MUST BE COMPLETED)

<b>Name</b>		<b>Gender (M/F)</b>	
<b>Address</b>			
<b>Phone (Home &amp; Mobile)</b>			
<b>Email (Essential)</b>			

**PLEASE ENSURE A LEGIBLE & REACHABLE EMAIL ADDRESS IS PROVIDED.**

Email Addresses provided will be used for sending ALL information to members.

<b>Swipe Card</b>							
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Please insert the first 6/7 digits of your swipe card in the boxes above. Your card will be updated for the current membership year on receipt of payment.

<b>Membership Type (Please Circle)</b>						
	Single	Family	Student	Junior U/13	Junior 13-18	Senior Citizen
Membership Fee	€195	€300	€110	€50	€70	€115
Development Levy	€25	€40	€15	€10	€10	€15
<b>Total Fee to 28 February 2018</b>	<b>€220</b>	<b>€340</b>	<b>€125</b>	<b>€60</b>	<b>€80</b>	<b>€130</b>

Student Membership is for fulltime students over 18 years. (To qualify as a student, a photocopy of student ID must be attached to the membership form)

<b>Family Members</b>	<b>Name</b>	<b>Date of Birth (Jnrs)</b>	<b>Gender (M/F)</b>	<b>Will Play Competitions / Socially</b>
If family membership, please fill in individual names and if under 18 years old, their date(s) of birth.				

Family membership includes children under 18 years of age and fulltime students.

<b>Junior Members</b>	<b>Date of Birth</b>	<b>Signature of Parent Guardian</b>
If junior membership, please complete the following:		

Are you interested in playing in Dublin Leagues / Provincial Towns Competitions?	<b>Yes</b>		<b>No</b>	
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<b>Signature of Main Applicant</b>
I agree to the membership of Leixlip Tennis Club as applied for on this form with payment of the appropriate fee.
I also agree on behalf of myself and all members listed on this form to comply the Leixlip Tennis Club Constitution and Bye Laws (available at <a href="http://www.leixliptennisclub.com">www.leixliptennisclub.com</a> ) and Codes of Conduct for Children / Young People and Parents / Guardians supplied on the reverse of this application.
I also agree on behalf of myself and all members listed on this form to be photographed for events relating to Leixlip Tennis Club for promotional purposes.
<b>Please sign here →</b> _____
Date: _____

Completed forms should be sent to: **Sean Kavanagh**  
Membership Secretary, LTC,  
16 Glen Easton Crescent  
Leixlip  
Tel: 087 2217309

Cheques should be made payable to: **Leixlip Tennis Club**