

Parking Pass

Vouchers

Jnr T Shirt

Heron Tennis Office Use Only

Date	
Amount	
Payment Method	
Details Entered	

Heron Membership Application Form 2019/2020

PLEASE COMPLETE ALL SECTIONS CAREFULLY
EVEN IF WE ALREADY HAVE YOUR DETAILS ON FILE

We require at least one adult name for Junior Membership

Mem No	1st Adult Name	<input type="text"/>																							
Mem No	2nd Adult Name	<input type="text"/>																							
Mem No	1st Junior Name	<input type="text"/>																					DOB		
Mem No	2nd Junior Name	<input type="text"/>																					DOB		
Mem No	3rd Junior Name	<input type="text"/>																					DOB		

Address	<input type="text"/>																							
	<input type="text"/>																							
	<input type="text"/>																					Post Code		

Home Tel :

For Junior applications please provide details of a parent/Guardian we can contact in an emergency

Mobile Tel No 1:

Please turn page over should you need to advise the club of any medical conditions or special needs care that may be required.

Mobile Tel No 2:

E-mail

I wish to apply for the following category of membership:

Payments can be made in the following Cash, Debit Card or Cheque
Cheque : Please make cheques payable to Heron Tennis
Standing Order:
 If applying for the monthly payment option, please attach a completed standing order form.

Fee Due	£	STO Fee	£	Total	£
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Keep informed of what's going on at Heron Tennis

Heron Tennis would like to keep you informed of any Special Events, Court Offers, Club News etc. Should you wish to receive such information please place a tick in the box on how you would like such information to be sent. (Please tick appropriate boxes).

Email →	<input type="checkbox"/>	Text Message →	<input type="checkbox"/>	Phone Call →	<input type="checkbox"/>
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Please tick this box if you consent to emergency first-aid treatment being given to you/your child.
 I understand that in the event of any injury, illness or other medical need, all reasonable steps will be taken to contact me, and I authorize Heron First aid trained staff to deal with the situation appropriately.

Signature (parent/guardian in case of juniors)

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please note we require two months notice in writing to cancel a membership.

