

Parking Pass: Vouchers: Jnr T-Shirt:

Heron Membership Application Form 2017/2018

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

Heron Tennis Office Use Only	
Date	
Amount	
Payment Method	
Details Entered	

Mem No	1 st Adult Name:	<input type="text"/>	DOB req'd for BTM
	Or Parent/Guardian	<input type="text"/>	<input type="text"/>

Mem No	2 nd Adult Name:	<input type="text"/>	DOB req'd for BTM
		<input type="text"/>	<input type="text"/>

Mem No	1 st Junior Name:	<input type="text"/>	D.O.B
		<input type="text"/>	<input type="text"/>

Mem No	2 nd Junior Name:	<input type="text"/>	D.O.B
		<input type="text"/>	<input type="text"/>

Mem No	3 rd Junior Name:	<input type="text"/>	D.O.B
		<input type="text"/>	<input type="text"/>

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

Home tel: Work tel:

Mobile tel: Occupation: (optional)

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

E-mail	<input type="text"/>
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I wish to apply for the following category of membership:

Payments: Cash, Debit Card or Cheque (please make cheques payable to Heron Tennis)
If applying for the monthly payment option, please attach a completed standing order form.

Please read the section below:
Please advise us of any special care needs, dietary issues, allergies, medical conditions or any other information that you feel it may be helpful/important for us to know. This information will be treated in strictest confidence.

Fee Due	£
STO Fee	£
Total	£

Please note that we use E-mail & Text Messaging occasionally to keep members informed of Special Events, Court Offers, Club News etc. and that we may also sometimes take photos/record images for website, press releases etc. **Please tick box if you are happy to receive these messages and for images to be used.**

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.

***Please note we require two months' notice in writing to cancel a Membership**

Signature (parent/guardian in case of juniors)

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