



CASC no: 04425

Salts Tennis Club - Membership Form 2024

Please fill in and return to saltstennis@gmail.com

Membership Category:	Application Date:
Total paid: Please state Bacs or Cheque <i>Please make cheques payable to Salts Tennis Club</i> Bacs Transfer to Account No 00630713 Sort Code 201188	Title: First name: Surname: Date of birth:
Address: Postcode: Please circle preferred method of contact: Email / Post / Both	Home phone: Mobile phone: Work phone: E-mail address:
Please let us know if you would be willing to help with the running of the club. Any offers of help are greatly appreciated Club management / social / juniors / club evenings / match fixtures / competition organiser	
Are you disabled*? Please circle one: yes no prefer not to say *The Disability Discrimination Act (DDA) 1995 defines a disabled person as someone who has a physical or sensory impairment that has substantial or long term adverse effects on his or her ability to carry out day-to-day activities.	
Would you like an LTA player rating? yes no	

Salts Tennis Club Membership categories (Please circle one option)

1st year Senior introductory offer Membership only (April to April or part thereof)	£50.00	Coaching if wanted consists of 5 no 1.5 hr sessions on a rota basis. Pay the Coach direct	£30.00
2nd year Senior introductory offer Membership only (April to April)	£80.00	Coaching if wanted consists of 5 no 1.5 hr sessions on a rota basis. Pay the Coach direct	£35.00
3rd Year Senior Membership (April to April)	£150.00	Retired (of official government pensionable age) (April to April)	£110.00
U/18 Student / Full time Education (April to April or part thereof)	£40.00	U/13 yrs old (April to April or part thereof)	£15.00
		Visitors Fee with a member (3 visits then must join)	£5.00 per visit

Salts Data Protection Form Adults Only

Adopted in 2018 in accordance with L.T.A Guidelines

Due to new Data protection criteria all SENIOR members of clubs must opt in or opt out of a clubs mailing list by answering Yes or No to the questions listed below.	Application Date:
Title: First name: Surname: Date of birth:	Address: Postcode:
Please circle preferred method of contact: Email / Post / Both	Home phone: Mobile phone: E-mail address:
<p style="color: red; margin: 0;">MEMBERS ONLY NEED TO FILL THIS IN ONCE BUT MUST INFORM COMMITTEE OF ANY CHANGES I.E MOBILE, E.MAIL, ADDRESS, LAND LINE</p> <p style="margin: 0;">ONCE YOU CEASE TO BE A MEMBER OF SALTS T.C ALL YOUR DETAILS WILL BE DELETED FROM OUR MEMBERSHIP FILES AND THE PAPER COPY OF YOUR DATA PROTECTION FORM WILL BE DISPOSED OF BY THE COMMITTEE.</p>	
Do you agree to let Salts T.C pass your contact details by e mail, text etc to its club members E Mail Please circle one: yes no Mobile Phone Please circle one: yes no	
If you are involved in any capacity i.e Team Captain Club Representative etc with any of the leagues listed below do you agree to let said leagues place your contact details in official handbooks and on the web site (the web site is password protected and only members of clubs with the password can access your details)	
Bradford Parks Tennis League Handbook	Please circle one: yes no
Wharfedale Mixed Doubles League	Please circle one: yes no
Bradford Parks Friendly League	Please circle one: yes no
Signature	