PORTLETHEN TENNIS CLUB APPLICATION FOR MEMBERSHIP SEASON 2023/2024

Address:		
Postcode:		
	•••••	
Telephone:		
e-mail:		
Date of birth (if under 18):		
Membership type (please tick as appropriate)		
☐ Family *		£45
□ Senior		£25
☐ Senior Citizen (65+) or ☐ UB40		£20
☐ Student (age 16-17) or ☐ in full-time education		£15
☐ Junior (age under 16)		£10
* For a Family membership, please provide detail	ls of oth	er family members
Name	Name Date o	
Club Championships (Closing date for ent	ry is 30) th May 2023)
Tick the relevant box(es) if you would like to ente	r the Cl	ub Championships.
If family membership, please specify name(s) of	entrants	S.
☐ Singles ☐ Doubles ☐ Mixed Doubles ☐ Junior	singles	s □ Junior doubles
Payment		
Membership fee:		£
heques should be made payable to 'Portlethen Tennis Club')		☐ Cheque ☐ Cash
consent to Portlethen Tennis Club holding and process orm in accordance with the UK General Data Protection http://www.portlethentennisclub.org.uk/privacy-policy.htm	Regula	tions – see_
Signature: D)ate:	

Return this form to the Secretary: Sandra Wallis, 10 Findon Road, Findon, Aberdeen AB12 3RN (Tel: 07954 345129)