

CHEADLE (KINGSWAY) SPORTS CLUB

TENNIS SECTION

**APPLICATION FOR SENIOR MEMBERSHIP
SEASON 1st APRIL 2013 TO 31st MARCH 2014**

Please use **BLOCK CAPITALS** & return to clubhouse bar or post to
Hamish McHarg, 10 Hilton Road, Poynton, SK12 1TP (email: hgmcharg@me.com)

Name.....**Date of Birth**.....

Address
.....**Post Code**

E-mail Address

Home Phone **Mobile Phone**.....

If you are a member of the LTA please provide your British Tennis Membership No.....
If you are not already a member of the LTA do you agree that we register your details? This is free
with your club membership. Yes [] No []

Please provide us with an emergency contact in the event of an accident or emergency at the club.

Emergency Contact name.....**Phone No**.....

Your spouse or partner is entitled to be a family member of the Club without additional payment and
is entitled to all non-playing membership benefits. To allow the issue of a membership card please
complete the following :-

Name.....**Date of Birth**.....

E-mail Address

HOME TEL. NO.....**OTHER NO**.....

Emergency Contact name.....**Phone No**.....

I enclose my subscription as follows (please circle one):	
Full Playing Member	£160
Joint Full Playing	£290
Intermediate Membership Aged 16-21 years	£90
I would like to make a Gift Aid donation to the club - please indicate amount:	Please complete a Gift Aid Form and include with your application
Total Payable:	<input type="text"/>
Cheques payable to Cheadle (Kingsway) Sports Club Tennis Section or pay at the Club by Debit/Credit card. Please indicate which: [] Cheque [] Debit/Credit card Name on Card:	

Please help us to help you by completing the section below:

The club and he tennis section is run by its members and we are keen to see new members getting involved. If yo are able to give a portion of your time to serving on an occasional committee, assisting with fund raising or would otherwise wish to help with the running of the club please indicate areas of interest and/or make yourself known to the committee members who will be pleased to make you feel welcome.

[] I can offer the following skills:

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MEDICAL INFORMATION

1. Do you experience any conditions requiring medical treatment and/or medication?

Yes [] No []

If yes, please give details:

2. Do you have any allergies?

Yes [] No []

If yes, please give details:

3. Do you have any specific dietary requirements?

Yes [] No []

If yes, please give details:

4. Please provide any further information you feel is necessary

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5. [] I confirm to the best of my knowledge that I do not suffer from any medical condition other than those detailed above

6. [] I consent to receiving medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.

Signed:

ETHNICITY

In order to help the club monitor its membership please will you tick one of the following boxes to identify your ethnic group/origin.

WHITE British Irish Other (please specify)

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BLACK or BRITISH BLACK Caribbean African

Other (please specify)

ASIAN or BRITISH ASIAN Bangladeshi Indian Pakistani

Other (please specify)

CHINESE or OTHER ETHNIC GROUP Chinese

Other (please specify)

MIXED White & Asian White & Black African
 White & Black Caribbean

Other (please specify)

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Poynton,
SK12 1TP