

Lowlands Tennis and Social Club

Lowlands Road, Eastcote, Middlesex HA5 1TU www.lowlandsclub.com

APPLICATION FOR MEMBERSHIP

(one form per member)

				F	/			
NAME (block capitals) Mr/Mrs/Ms/Other:								
ADDRESS: (inc Post Code)								
TELEPHONE NO.:								
EMAIL: (please write legibly)								
DATE OF BIRTH:								
NAME & CONTACT DETAILS OF PARENT/GUARDIAN: (if under 16yrs)								
PLEASE TICK ONE:								
ADULT TENNIS: (Affiliated to Middx LTA)	Ful	1 Tennis		Intermediat	e Ten	nnis 🗆	Social	Tennis \square
Note: For Junior Tennis Membership see Junior Member Application Form								
TABLE TENNIS: (Team Pla	• /							
Members of Wembley and Harrow Table Tennis League (Inc social Table Tennis and Snooker)								
HEALTH DECLARATION I confirm that I am fit to take pa			ities and	have not been				
advised otherwise by a GP or Ho Contact Name & Phone Number								
DATA PROTECTION (GDPF				•	1			
you signify in a pro-active way, your consent to our using the information for purposes outlined in the Data Protection (GDPR) policy available from our website – www. Lowlandsclub.com. If at any time you wish to update the information which we hold about you or if you wish to stop receiving information from the club please contact the club at info@lowlandsclub.com.								
PHOTOGRAPHY								
I agree to the possibility of having my/our photo taken at Club events and that these photos may be used to promote the club on Social Media such as the Club's Facebook page.								
By signing this form, I a	oree t	o hecome	o a men	aher of Low	lands	s Club and Abia	de hv th	ne Cluh Rules
Signature:	5,000		<u> </u>	Date:			we by the	ac como remesi
Completed Forms should be returned to the Membership Team at the above address. Forms may also be placed in the club post box (to the left of the front door) or scanned to								

info@lowlandsclub.com