MEMBERSHIP RENEWAL FORM 2023/24

	SUBS	SCRIPTIONS ARE DUE	ON OF	R BE	<u>EFO</u>	RE 1 ^s	t MAR(CH 20	23. PLEASE PAY PR	<u>ROMPTL</u>	<u>.Y</u>		
MEMBE	R 1												
Name			Phoi	ne					Email				
MEMBE Name	R 2		Phoi	20					Email				
MEMBER 3			FIIO	ie									
Name			Phoi	ne			Email						
	•												
TENNIS MEMBERSHIP							SOCIAL MEMBERSHIP						
Social Tennis Section 29yr +			£250	£250 🗆			Social Membership 29yr +			£91			
Social Tennis 26-28yr			£165					sial 26-28yr					
Social Tennis 22-25yr			£83				Social 22-25yr			£42			
Social Tennis 18-21yr			£63			Sc	Social 18-21yr			£31			
						Junior Social under 18yr							
Intermediate Tennis Section 29yr +													
Intermediate Tennis 26-28yr			£228			TABLE TENNIS MEMBERSHIP							
Intermediate Tennis 22-25yr			£113			Table Tennis 29yr +							
Intermediate Tennis 18-21yr			£87			Table Tennis 26-28yr			£91				
				•		Table Tennis 22-25yr				£70		1	
Full Tennis Section 29yr +			£400	£400 🗆			Table Tennis 18-21yr					1	
Full tennis 26-28yr			£263			Та	Table Tennis under 18yr			£37		1	
Full Tennis 22-25yr			£132	. [<u> </u>						•	
Full Tennis 18-21yr			£101			DISCOUNT							
								Discou	int (all sections)	-£20]	
Junior Tennis 11-18yr				Тг								J	
Junior Tennis Under 11yrs			£54 £37	_]	
								. ,				J	
PAYME	NT ME	THODS:											
									Bank: Barclays				
		CHEQUE:				SANK NSFER:			Name of account: Lowlands Club Payment reference: [YOUR NAME]				
CASH:		Made payable to:											
		'LOWLANDS		1100		NOI LIX.			Account: 63796787				
CL		CLUB'							Sort code: 20-73-	53			
It is important that you complete this form and submit it with your payment including bank transfer OR send an email. Please													
send to: The Membership Team, Lowlands Club, Lowlands Road, Eastcote HA5 1TU. Alternatively, you can place the form in the club's post box or scan it to info@lowlandsclub.com													
		trie club s	s post b	OX C	ال عرد	<u> </u>		Owianic	asciub.com				
HEALTH	DECLA	RATION											
-		I/we are fit to take part in a	all club a	activ	vities	and ha	ave not			1			
been advised otherwise by a GP or Hospital Doctor.													
Contact Name & Phone Number in the Event of an Emergency													
DATA PR	OTECT	ION (GDPR)											
I /We have read, understood and accept the Data Protection (GDPR) policy – see website.													
PHOTOG	RAPHY												
		en at	Club events and that these photos may be						1				
used to promote the club on Social Media such as the Club's Facebook page.												<u> </u>	
I/we confirm that the information on this form is true and complete to the best of my/our knowledge													
Signature: Date:													
<u>oignatul</u>	<u>u.</u>						<u> Date</u>	<u>-</u>					