

THE WARWICK BOAT CLUB LTD

33 Mill Street Warwick CV34 4HB

MEMBERSHIP APPLICATION FORM - TENNIS/CLUB

PERSONAL DETAILS (PLEASE COMPLETE THIS SECTION CLEARLY)

Surname:		Title:	
Forenames:		Date of Birth & Age:	
Email address:		If 12yrs or younger parent MUST be a member, min. Social	
		Occupation: (optional)	

Address:	Do you wish to join more than one category Y <input type="checkbox"/> N <input type="checkbox"/>
Post Code:	If yes, please state:
Car Reg. No :	Do you have family residing at this address already a member at the Warwick Boat Club? Y <input type="checkbox"/> N <input type="checkbox"/>
	If yes, please give details:

Home Tel No:		The Club is run by its Members would you like to offer your services/help in anyway?
Office Tel No:		
Mobile Tel No:		Organising Social Events/ Catering Y <input type="checkbox"/> N <input type="checkbox"/>
		Bar Rota (Sunday lunchtimes) Y <input type="checkbox"/> N <input type="checkbox"/> :

CATEGORY/SECTION DETAILS – Tennis/ Club / Club Junior

Please tick which applies to your level:

Black <input type="checkbox"/>	Pink <input type="checkbox"/>	Blue <input type="checkbox"/>	Brown <input type="checkbox"/>	Green <input type="checkbox"/>	Yellow <input type="checkbox"/>
County or regular 1 st team	Regular 2 nd /3 rd team	Experienced club, social or other team	Social	Inexperienced/ Moderate Social	Beginner /Improver

Any further information you may feel of value.....

The members below presenting your application should be of at least 12 months standing.(must be completed)

Name of Proposer (print):

Signature of Proposer:

Name of Seconder (print):

Signature of Seconder:

Declaration

I wish to become a member of The Warwick Boat Club Ltd and hereby agree to submit to and be bound by the Memorandum and Articles of Association. I declare that to the best of my knowledge the information contained on this form is true and accurate. I accept that false information or omission may lead to termination of my membership at the discretion of the Committee.

Signature:

Date:

PLEASE RETURN COMPLETED FORM TO: MEMBERSHIP SECRETARY/ADMIN, OFFICE ADDRESS AS ABOVE

For Administration/office Use Only:

Approved by Tennis Committee	M/ship Cat Code:	Admin /Database	Subscription Payment
Date :	Disc/special rate:	M/no: F/no:	Date Rec'd:
Signature:	W/ List? Y <input type="checkbox"/> N <input type="checkbox"/> F/T W/list ref no :	Invoice Date/Sent :	Pack Sent Date: