West Bridgford Application for membership 2025

	Surname	First Name
DOB		Male or Female
Address		
		Postcode
Email By entering :	an email address, vo	bu agree for us to contact you via this method.
Telephone n		
Membership		BTM Number
· · · · ·		mily memberships at the same address
Adult		DOB
Email		Telephone number
Child		DOB
Child		DOB
Child		DOB
		Additional Information
Medical cond	litions, allergies or di	ietary requirements
Photography	& Filming consent	
(including ph I give permis	noto and video footages sion for my child's /	y child / children (named above) to be involved in any publicity ge) surrounding WBTC. YES / NO / children's coach to video my child / children playing tennis during urposes only. YES / NO
Occupation /	School	
Emergency o	contact	Telephone number
Do you cons	ider yourself to have	e a disability? YES / NO / Prefer not to say
If yes, what	is the nature of your	r disability
Would you li	ke to play in a team	2 VES / NO
,	. ,	period for approval once your application for membership has been received.
By paying sub Abide by available Member The data Take res	scription to become a r the Rules & Code of C upon request, in the s are NOT allowed to o protection statement sponsibility for your chi	member of West Bridgford Tennis Club I / we agree to: Conduct of West Bridgford Tennis Club and all Club policies. These are Clubhouse and on the WBTC website www.westbridgfordtennisclub.co.uk offer coaching / hitting without prior consent and approval of the Committee
Members' sign		Date
Members' sign		

Contact us on 0115 981 1699 or email manager@westbridgfordtennisclub.co.uk