



MEMBERSHIP APPLICATION FORM 2009/2010
 (Valid until 31 August 2010)

Adult	€350.00	tick
_____	_____	<input type="checkbox"/>
Family	€60.00	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
Junior/Student	€40.00	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
Adult & Junior/Student	€420.00	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
Juvenile (Under 8)	€50.00	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

(Other categories of membership are available on request at reception including Retired 65+, Pavilion etc.)

Members Name(s): Telephone No: (H).....

Address: " (O).....

..... " (M).....

E-mail Address: Medical Conditions:

Names of children: Date of Birth.....

..... Date of Birth.....

..... Date of Birth.....

..... Date of Birth.....

Please note the following:

1. Please state any medical conditions the club should be aware of in case of emergency.
2. I/We agree to be bound by the memorandum and articles of Co. Sligo Tennis Club Ltd. I/We also agree that in the event of the Company (Co. Sligo Tennis Club Ltd.) being wound up, my/our liabilities will not exceed €1.27.
3. I/We agree to abide by the rules and bye-laws of Co. Sligo Tennis Club Ltd.

SIGNED _____
 Applicant (or parent in the case of Junior)

DATE _____

RECEIPTED BY: _____

RECEIPT NO: _____