



Membership detail form 2012/2013

(Valid until 31st August 2013)

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> First Time Adult €230
<input type="checkbox"/> First Time Family €450
<input type="checkbox"/> Adult renewal €295
<input type="checkbox"/> Family renewal €495
<input type="checkbox"/> Adult & Junior €360
<input type="checkbox"/> Adult & Juvenile €345 | <input type="checkbox"/> Student (valid i.d needed) €150
<input type="checkbox"/> Junior u-16 €100
<input type="checkbox"/> Juvenile u-10 €50
<input type="checkbox"/> Retired €125
<input type="checkbox"/> Pavillion €20 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Name(s):

Telephone No. (H).....

Address:

Telephone No. (O).....

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Telephone No. (M).....

E-mail:

Child Name:

Date of Birth:

Child Name:

Date of Birth:

Child Name:

Date of Birth:

Child Name:

Date of Birth:

Please note the following:

1. Please state any medical conditions that 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 agree that in the event of the Company (Co.Sligo Tennis Club) 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.

Medical conditions:

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Signed: _____
 Applicant (or parent in the case of a junior)

Date _____

Received by _____

Receipt no. _____