



THE LEAMINGTON TENNIS COURT CLUB

50 BEDFORD STREET, LEAMINGTON SPA, WARWICKSHIRE CV32 5DT
TEL: (01926) 424977 FAX: (01926) 435724

NOMINATION FOR MEMBERSHIP

NAME:

ADDRESS:

.....

TEL HOME: TEL OFFICE:

MOBILE NO: EMAIL:

DATE OF BIRTH:

CATEGORY OF MEMBERSHIP (see below):

PROFESSION:

COMPANY NAME:

CANDIDATES SIGNATURE:

PROPOSED BY:
(please sign) (please print)

SECONDED BY:
(please sign) (please print)

HOW LONG HAVE YOU KNOWN THE CANDIDATE? PROPOSER: *years

HOW LONG HAVE YOU KNOWN THE CANDIDATE? SECONDER: *years
* (Proposer and Seconder must be Members of 3 years standing)

CATEGORIES OF MEMBERSHIP & SUBSCRIPTIONS

TENNIS	Individual: £590	Full Family: £790
	Under 30/Over 70: £290	Under 25: £105 Under 21/Student: £40
	Over 20 miles radius: £250	Over 40 miles radius: £130
GENERAL	New General: £185	General Under 30: £77 Junior Under 21: £40
	General partner of existing member: £50	
	Country Over 20 miles: £34	

NOTE
Nomform2015

1. Subscriptions must be paid by Direct Debit. A mandate will be sent in due course.
2. All accounts must be settled on a monthly basis.
3. I hereby consent to the Club communicating with me by Email