

BECKENHAM TENNIS CLUB MEMBERSHIP FORM (Direct Debit only)



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Type of Membershi	p:	Adult (Incl. Couples)		Junior(s) Only	Family
How did you hear abou	t the club ?	(Internet,	facebook etc)	I am interested in other Sports	(Running, Squash, Cricket,Hocke golf, yoga, cycling)
ADULT Name: (Or Parent Name)			Mobile Number: mail address:		Date of Birth:
Second Adult Name: (For Couples/Families)			Mobile Number: Email address:		Date of Birth:
Child Name: Child Name: Child Name: Child Name:		s	ichool Name: ichool Name: ichool Name: ichool Name:		Date of Birth: Date of Birth: Date of Birth: Date of Birth:
ADDRESS Line 1: City: Postcode:	Home Phone Number:				
MEMBERSHIP Peak: MEMBERSHIP Off- Peal Monday to Friday 9-00/		Couple Family (4 people) Single Adult		Aged 19-25 B	seginner/Improver
Payment Method: (No action needed)	Direct Debit X	(10 instal	ments per year)		
Signed:	Date:				
I have read & accept th I have read the rules &		· · · · · · · · · · · · · · · · · · ·			
Photographs may be ta	ken and used for ma	keting Purposes, please tick the box	if you do not want	yoruself or your child photograp	hed (Yes/No):
PLEASE ENSURE THA	AT YOU HAVE FILL	ED IN A DIRECT DEBIT FORM			
PLEASE RETURN THIS FOR	M TO THE CLUB OFFICE	, BECKENHAM SPORTS CLUB, FOXGROVE	ROAD, BECKENHAM	, KENT BR3 5AS OR LEAVE IT WITH ON	IE OF THE COMMITTEE MEMBERS
<u>Club Manager</u> : Steve Pr	att	Email: steve@beckenhamsport	tsclub.co.uk	Number: 02086500266	
WELCOME TO 1	THE CLUB!		Questions	? Office email: Office@beckenha	msportsclub.co.uk



