Membership Application Form



Have you been a member before? (Please Circle)

YES/No

This agreement is made on the terms set out below between The Club ('we' and 'us') and 'you' the member named below:

Title	(Please circle)	Mr	Mrs	Miss	Ms	Dr	Prof	Master	
Full Name									
Date of Birth			_ Age		_ Male/F	emale			
Full Address									
	Post Code					Email			
Mobile No.				_ Home N	0				
Membership Categ	ory – please circle	for all price	es visit th	e website))				
Area:	Tennis	Club		Squash		Gym			
Category:	Senior 75+	Senior 6	55+	Adult 2	6+	Young	Adult 19-25	5 Junior 18&U	J Mini 10&U
Payment Method:	Annual	DD							
 To the b passive – furthe You hav This agr Please n 	ormation given by your knowled exercise and that sor you will advise use read this agreem eement will become	ou in enter dge and be uch exercis immediate ent, includi e binding o	ring into telief you asse would ely should ing the tender once sign	this agreen are in good not be det d your circu erms and co ed and app	nent is co I health a rimental umstance onditions proved by	nd not kno to your he s change. overleaf, LSTC.	owingly inco alth, safety before sign	apable of engagi , comfort, wellbo	ng in either active or eing, or physical condition shared between coaches,
Total amount paid	d on joining: £					Date:			
Signature of Mem	ber:					Print N	ame:		
Signature of Pare	nt/Guardian if U16	:				Print N	ame:		
How did you	hear about us?	Internet	t / Word	d of Mout	th / Adv	ertisem	ent / Oth	er:	
Official Use: 0	Checked by			Men	nbership	number.	·		
Welcome Pac	k Emailed			Book	ked FREE	Fitness 7	Test?		

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Membership Terms and Conditions

- 1. LSTC membership is annual, and fees are paid annually or by instalments.
- 2. If paying by monthly instalments the first payment will be taken via card at the time of joining LSTC. The initial payment to include prorate amount due for the current month & full amount due for the following month.
- 3. Subsequent monthly instalments will continue on the 1st of each month by Direct Debit collection.
- 4. Memberships will commence on the day of joining LSTC (the 'joining date').
- 5. Written notice prior to the 20th of the month is required if you wish to cancel your membership for the following month.
- 6. If you fail to pay the amount due under this agreement for a period of time of more than 28 days from renewal or instalment date, your membership will cease with immediate effect.
- 7. Memberships can only be frozen on proven medical grounds. In this case members can freeze their membership for a period not less than one month and no longer than six months.
- 8. It is the responsibility of the member to ensure that all their correspondence (such as cancellation letters and change of personal details) reaches LSTC.
- 9. No refunds will be made due to lack of use or any other reason.
- 10. The membership fee may only be amended if we advise you in writing giving 30 days' notice.
- 11. When applying for a concessionary membership, applicants must provide original personal documents e.g. driving license or passport.
- 12. Dishonestly giving incorrect information or misleading information will result in immediate cancellation of a membership.
- 13. LSTC reserve the right to refuse memberships and withdraw memberships.
- 14. We may terminate this agreement with immediate effect on notice to you if you are in breach of the club rules. In this event you will not be liable to pay any further membership fees due, provided such breach is not deemed by us to have occurred primarily in order to qualify you for a refund.
- 15. Members must report to Reception on each visit to the Club to log attendance.
- 16. LSTC reserve the right to revise and amend these terms and conditions at any time.
- 17. You can view the club rules on the LSTC website and within the club.

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We are pleased to accept the following cards

Please fill out the form in BLOCK CAPITALS:

Name of Bank	Branc
Address of Bank	Bank
	Acco

DDI Reference Number

Origi	inator'	's Iden	tificat	tion Numbe				
6	4	5	9	6	5			

NOTE: Banks may refuse to accept these instructions to pay Direct Debits from some types of account

Branch Sort Code	
Bank Account Number	
Account name	

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		l			l			l		
	_	\vdash		-	\vdash					

Signature (s)		
Date		

Please pay Letchworth Sports and Tennis Club Ltd Direct Debits from the account detailed in this instruction subject to the safeguards assured by The Direct Debit Guarantee. I understand that this instruction may remain with Letchworth Sports and Tennis Club Ltd and, if so, details may be passed electronically to my Bank/Building Society.