



Membership Application

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|--|---|--|
| Name | | |
| Address (including Post Code) | | |
| Date of Birth | | |
| Home Telephone | | |
| Mobile Telephone | | |
| E-Mail Address* | | |
| Playing/Non-Playing? | | |
| Membership Category Please tick appropriate box **please give names/dates of birth below of all persons to be included in a Family Membership application | <input type="checkbox"/> Full Member Aged 30-59 | |
| | <input type="checkbox"/> Full Member Aged Under 30 | |
| | <input type="checkbox"/> Full Member Aged Over 60 | |
| | <input type="checkbox"/> Daytime Member Only | |
| | <input type="checkbox"/> Non-Playing Member Under 60 | |
| | <input type="checkbox"/> Non-Playing Member Over 60 | |
| | <input type="checkbox"/> Full-Time Student Aged 18+ | |
| | <input type="checkbox"/> Junior Aged 16-17 | |
| | <input type="checkbox"/> Junior Aged 12-15 | |
| | <input type="checkbox"/> Junior Aged 7-11 | |
| | <input type="checkbox"/> Junior Aged Under 7 | |
| | <input type="checkbox"/> Family Membership** (up to 2 adult members and all children under aged 18) | |

91 Circular Road, Belfast BT4 2GD

Tel : 028 9076 0120 **E-mail** : ciymstennisclub@hotmail.co.uk **Web** : www.ciymsstennisclub.co.uk



*by providing your e-mail address you consent to CIYMS and CIYMS Tennis Club sending you communications electronically

I would like to pay my subscription by (please deleted as appropriate) :

| | |
|--|--|
| By cheque upon receipt of invoice from CIYMS Tennis Club | By Direct Debit monthly (please complete and return the attached form if applicable) |
|--|--|

I would like to join CIYMS Tennis Club with effect from / /

I am a UK taxpayer and request Gift Aid Declaration in respect of my CIYMS Subscription (Adult Members only)

| | |
|-----------|--|
| Signature | |
| Date | |