

St Anne's Waterford
Tennis Club
John's Hill
Waterford
X91 K094
P: 051-874350
M: 086 855 5706
E: info@stannestennis.com

SENIOR MEMBERSHIP APPLICATION

DATE

PERSONAL INFORMATION

FULL NAME OF APPLICANT

DATE OF BIRTH

Please, include any medical details that might be relevant in dealing with you in a safe manner, such as: allergies, medication, special needs.

CONTACT INFORMATION

I consent to joining the selected mailing lists to be informed of current and upcoming Tennis News, Events and Activities.

The details you provide on this form will be used and stored by the Club and Tennis Ireland for purposes of your participation in all tennis related activity. Your data will be stored in compliance with Data Protection Act and will not be shared with any other body or organization without your consent unless such sharing of information is necessary for your participation in tennis competitions and activities.

ADDRESS

TOWN

EIR CODE

PHONE

EMAIL

(If more than one, please include with comma)

In line with Tennis Ireland Child Protection and Good Practice guidelines, St Anne's Waterford Tennis Club requires all members with children to confirm that they have read/will read the "Code of Ethics and Good Practice for Children's Sport in Ireland". A copy is available in the office or see our website. Please, sign your acceptance below and return with your membership remittance.

I/We the above named hereby agree to abide by the rules and regulations of St Anne's Waterford Tennis Club and in particular the Child Protection and Good Practice guidelines.

I/We hereby apply to St Anne's Waterford Tennis Club for (state category) _____ membership.

Proposed by _____ (must be senior member)

Seconded by _____ (must be senior member)

Please note that this application does not guarantee membership.

APPLICANT 1 SIGNATURE:
