

# CROMER LAWN TENNIS AND SQUASH ASSOCIATION

# Norwich Road, Cromer, NR27 0EX 01263 513741





## MEMBERSHIP FORM May 1<sup>st</sup> 2023 – April 30<sup>th</sup> 2024

| Membership Type                                       | Price<br>(£) | Quantity | Total<br>(£) |
|---|--------------|----------|--------------|
| 5 YEAR FULL (5 YEARS FOR THE PRICE OF 4)              | £1400        |          |              |
| ADULT – Full Member                                   | £350         |          |              |
| FAMILY (2 adults and unlimited children under 18)     | £700         |          |              |
| ADULT – Squash & Racketball only                      | £240         |          |              |
| ADULT – Table Tennis only                             | £110         |          |              |
| ADULT – Pickleball only                               | £50          |          |              |
| ADULT – 18-30 years                                   | £110         |          |              |
| OUT OF COUNTY (living outside Norfolk)                | £200         |          |              |
| JUNIOR – 12-17 years                                  | £60          |          |              |
| JUNIOR – 11 years and under                           | £30          |          |              |
| PARENT/GUARDIAN (play with own children only)         | £30          |          |              |
| SOCIAL – use of Clubhouse & discount on social events | £10          |          |              |
| HOLIDAY PASS – Full membership for 1week (group of 4) | £80          |          |              |
|   | TOTAL        |          |              |

### **PAYMENT DETAILS**

Payment can be made by BANK TRANSFER or DEBIT/CREDIT card Cash/cheques are also accepted

| Bank Details: | CLTSA | <b>Sort Code:</b> 20-03-26 | Account number: | 90289078 |
|---------------|-------|----------------------------|-----------------|----------|
|               |       |                            |                 |          |

### (CLTSA USE ONLY)

**<u>Staff</u>**: Please complete this section after checking that all details have been completed correctly

Amount Paid (cash/card/SO) ...... (Staff Name) .....

| Name:   |  |
|---|--|
| Membership Type:  |  |
| Mobile/Tel:   |  |
| Email:  |  |
| <ul> <li>Medical information: eg</li> <li>Allergies</li> <li>Medicines carried</li> <li>Further information we should know</li> </ul> |  |
| Name:   |  |
| Membership Type:  |  |
| Mobile/Tel:   |  |
| Email:  |  |
| <ul> <li>Medical information: eg</li> <li>Allergies</li> <li>Medicines carried</li> <li>Further information we should know</li> </ul> |  |
| Name:   |  |
| Membership Type:  |  |
| Mobile/Tel:   |  |
| Email:  |  |
| <ul> <li>Medical information: eg</li> <li>Allergies</li> <li>Medicines carried</li> <li>Further information we should know</li> </ul> |  |
| Name:   |  |
| Membership Type:  |  |
| Mobile/Tel:   |  |
| Email:  |  |
| <ul> <li>Medical information: eg</li> <li>Allergies</li> <li>Medicines carried</li> <li>Further information we should know</li> </ul> |  |

#### **GDPR**

Cromer Lawn Tennis & Squash Club has a responsibility to manage the personal data that it collects from its members. We process your personal data to fulfil our contractual obligations, to administer your membership and provide our services to you. We will also use it in support of our legitimate interest to promote our activities and stay in touch with you. For certain uses of personal data, as described below, we will need your prior consent. Please note that consent can be withdrawn at any time by contacting the club's privacy manager (admin@cromertennisclub.co.uk)

#### **Declaration of consent**

Please indicate (circle as appropriate) whether you give your consent:

- To share your contact details with other members of the club for the purposes of arranging training sessions and games
   YES / NO
- For publicity purposes we need to publicise the club and occasionally use photographs of members, which could possibly include yourself
   YES / NO
- To retain medical information (as provided above) that you think is important for us to have, only to be accessed by our staff/coaches in a medical emergency
   YES / NO
- To contact someone on your behalf in the event of an emergency

YES\* / NO

If YES\* please provide the details of 2 emergency contacts below. Please ensure you have their permission to provide us with their information and that they are also made aware of the club's privacy notice.

| Emergency Contact 1:   |                   |                    |   |
|--|-------------------|--------------------|---|
| Name:  |                   |                    |   |
| Telephone:   |                   |                    |   |
| Emergency Contact 2:   |                   |                    |   |
| Name:  |                   |                    |   |
| Telephone:   |                   |                    |   |
|  | have a wide varie | ty of opportunitie | ficiently and profitably. We'd love you to<br>es – please let us know if you would be<br>cking the appropriate box: |
| Clubhouse/bar Tournaments Catering Events Gardening I am not able to volunteer |                   |                    |   |
| Signature (member or parent,   | /guardian)        |                    |   |
| Signature (member or parent,   | /guardian for fan | ily membership)    | Date  |