

Painswick Lawn Tennis Club

Membership Application

Date:

*I/We wish to apply for Membership of Painswick Lawn Tennis Club
and agree to abide by the rules.*

| Title | Name(s) | DoB - Child |
|-------|---------|-------------|
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Membership Categories: (Please underline)

Single / Double / Family / senior Single / Senior Double / Country /
Student / Non-Playing. (See booklet for clarification)

Address:

Post Code:

Tel. No. Home:

Tel. No. Work:

Mobile:

Email:

Proposed By:

Seconded By

(Not necessary for Junior/Student membership applications)

One of the above must be a Committee Member

Please return completed form and subscription to the Secretary:

Ruth Smith, Hillside, Kingsmill lane, PAINSWICK, Glos. GL6 6SA