



Carlow Lawn Tennis Club

Oak Park Road, Carlow

Tel: 059 9143775 - info@carlowltc.com

Website: www.carlowltc.com

New Member:
Please Tick

Renewal:
Please Tick

Primary Contact First Name _____
Must be over 18

Surname _____

Additional Contact First Name _____

Surname _____

New Membership Commencement Date: _____

For Family or Junior Membership, List Junior Names	1	_____	D.O.B.	_____
	2	_____	D.O.B.	_____
	3	_____	D.O.B.	_____
	4	_____	D.O.B.	_____

Primary Contact Details: Mobile _____	Home _____
Email <input type="text"/>	
Postal Address _____	
Additional Contact Details: Mobile _____	Home _____
Email <input type="text"/>	

Membership Type	Duration	Sub	Please Tick
Family Membership *	1 year	€350	<input type="checkbox"/>
Family (1st Year) *	1 year	€280	<input type="checkbox"/>
Single Adult Membership	1 year	€220	<input type="checkbox"/>
Badminton Adult	1 Year	€100	<input type="checkbox"/>
Student Membership	1 year	€100	<input type="checkbox"/>
Country Membership **	1 Year	€100	<input type="checkbox"/>
Junior (13yrs - 18 yrs)	1 year	€70	<input type="checkbox"/>
Junior Up to 12 yrs	1 year	€40	<input type="checkbox"/>
Badminton Junior U12	1 year	€30	<input type="checkbox"/>
Bowls/Pavillion Membership	1 year	€40	<input type="checkbox"/>

Standing Order Completed for Phased Payments: Yes No

New Members did you take part in our Try Before You Buy Programme before joining?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

* Family Membership covers both parents and up to 4 children, U18, for all sports

** Must reside more than 50 KM outside Carlow and be a member of another club

1 free Access card included with first time family and first time senior single memberships. €5 per card thereafter.


Amount Paid € _____ Receipt No. _____


Received By: _____

By signing below you and your associated members agree to abide by the Club Rules, including the Code of Practice in relation to Child Protection

Signature of Primary Contact _____

Date Of Payment: _____

Checked By Mem Sec.:  Date: _____ Signature: _____

Approved by Executive:  Date: _____ Signature: _____
(Where relevant)