IVYBRIDGE TENNIS CLUB 2024 SUBSCRIPTION RENEWAL

I / We would like to renew our membership/s of Ivybridge Tennis Club for 2024 (using one row for each member) as follows:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name (Please print clearly) | Membership Type | Membership Fee | Club Session Supplement (for adults) | Age on 1st Jan 2024 (if claiming U28, U21, U18, U11 rates) | I am interested in playing for a club team Yes/No/Maybe | Comment |
|  |  | £ | £ |  |  |  |
|  |  | £ | £ |  |  |  |
|  |  | £ | £ |  |  |  |
|  |  | £ | £ |  |  |  |
|  |  | £ | £ |  |  |  |
|  |  | £ | £ |  |  |  |
| Less £5 per **Full Member** if paying no later than 17th January |  | -£ |  |  |  |  |
|  | Total Costs | £ | £ |  |  |  |

Total Payment ( Membership fees + Club Session Supplement):.....................................................

I wish to pay by: A single payment in advance / Monthly by Go Cardless (Delete as applicable) - monthly, I understand I am committed to paying for the whole year

If making a single payment in advance, indicate choice of method of payment: Cheque / Cash / Bank Transfer (Details on renewal letter) - Delete as applicable

Signed (Applicant).............................................................Date....................................Received by Staff Member (Print Name)..............................................Date.....................

Comments...........................................................................................................................................................................................................................................................