



Glasnevin Lawn Tennis Club

Ballymun Road
Glasnevin
Dublin 9
Ph: 01-8371042
www.glasnevintennis.com

MEMBERSHIP APPLICATION FORM

Part 1 Membership Type

Senior	Junior	Young Senior	*Family	Pavilion	Social

Juniors **must** enclose 2 Passport size photos and a **signed** Parental Declaration Form

Part 2 Contact Details

Adult 1 Name					
Address					
Mobile No.		Gender (M/F)			
E-Mail Address					
Adult 2 Name					
Mobile No.		Gender (M/F)			
E-Mail Address					

Part 3 Junior Contact Details

	Name	Gender	Date of Birth
Junior 1			
Junior 2			
Junior 3			
Junior 4			

Tennis Playing Experience:

Present / Former Club:

Any other members of your family in the club:

PROPOSER / SECONDER (at least one **MUST** be a member of the Club Committee)

Proposer: _____ **Seconder:** _____

***Data Protection** - I agree to be included on GLTC Membership database to receive emails, newsletters and have my details shared with other members. We do not share your data with third parties except as required by Tennis Ireland or Dublin Lawn Tennis Council.*

If elected I agree to abide by the Constitution and Rules of the Club

Signed: _____ **Date:** _____

FOR CLUB USE: Date Committee Meeting: _____
 Elected: Yes: _____ No: _____ Chairman: _____
 Notified by email: _____
 Payment Recd and Receipt issued: _____ Logged in Smart club: _____ Date: _____
 Card Issued: _____ Email set-up: _____ Logged in Grid with copy receipt: _____