

Please complete this form and return, together with your cheque (**payable to Braintree LTC**) to :Sue Spinks, 14 Harold Road, Braintree, CM7 2RU.

Members Names	Type of Membership e.g.Family, senior etc	DOB if Under 18

**Address**

<b>Post Code</b>

<b>Home Telephone No.</b>	
<b>Work Telephone No.</b>	
<b>Mobile Telephone No</b>	
<b>E-mail Address</b>	
<b>Parent/Guardian Name</b>	

**I do/do not hold a club key.**      Please delete as appropriate.

I understand the above details will be held on computer for the purpose of contacting me regarding BLTC business. The information will not be released to anyone outside the club without my authorisation.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Fee enclosed \_\_\_\_\_



**BRAINTREE  
LAWN TENNIS CLUB**

Ground - Clockhouse Way,  
Braintree, Essex  
Telephone: 01376 331537  
www.braintreeitc.co.uk

Please tell us where you heard about Braintree LTC