

Westcliff Lawn Tennis 100 Club

Name:

Address:

Tel number:

Chosen number:

(Numbers will be allocated on first come first served basis. Leave blank if you wish number to be allocated for you.)

I/we understand that payment of £24 will be made payable to Westcliff Lawn Tennis Club via cheque/cash/bank transfer in advance of first draw of the membership year. (March)

I/we agree that if we wish to cancel membership to this club I/we will inform Westcliff Lawn Tennis club of this decision.

Signature _____

Date _____