



# LANSDOWNE LAWN TENNIS CLUB



LONDONBRIDGE ROAD, DUBLIN 4

TELEPHONE: (01) 6680219 EMAIL: INFO@LANSDOWNELTC.COM

## APPLICATION FOR MEMBERSHIP

(Please use BLOCK CAPITALS when completing this form)

Name \_\_\_\_\_

Full postal address \_\_\_\_\_

Date of birth \_\_\_\_\_ Mobile\* \_\_\_\_\_

Home\* \_\_\_\_\_ Work\* \_\_\_\_\_

Email \_\_\_\_\_

Tennis Standard – League Class 1-7 \_\_\_\_\_ Non-League \_\_\_\_\_

*\*All telephone numbers listed above will be displayed online (in the restricted members area of our website) and on the notice board unless otherwise instructed by the member.*

### Please indicate the MEMBERSHIP CATEGORY for which you are applying:

Intermediate  Senior  Family

Family membership – Please list the names and dates of birth of the other proposed members:

\_\_\_\_\_  
\_\_\_\_\_

If you are or have been a member of any other tennis club, please name the Club(s):

\_\_\_\_\_

If you have previously been a member of Lansdowne Lawn Tennis Club, please indicate the year you first joined and the year you membership lapsed \_\_\_\_\_

All applications for membership to Lansdowne Lawn Tennis Club must be Proposed and Seconded by two members of at least two years standing:

Name of Proposer \_\_\_\_\_ Signature \_\_\_\_\_

Name of Seconder \_\_\_\_\_ Signature \_\_\_\_\_

I hereby apply for membership to Lansdowne Lawn Tennis Club and agree to abide by the rules of the club if my application is successful.

Are you willing to help with club events?

Yes  No

Are you willing to help with the committees?

Yes  No

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_ Amount enclosed € \_\_\_\_\_

Please complete and return this application form to:

**The Subs Treasurer,**

**Lansdowne Lawn Tennis Club, Londonbridge Road, Dublin 4.**