

P.O. BOX HM 341, HAMILTON HM BX, BERMUDA

Phone: (441) 296-0834 Email: info@ blta.bm

Registered Charitable Organization # 844 ~ The Charities Act, 2014

MEMBERSHIP FORM: 1st January – 31st December 2017

☐ NEW (BLTA	Membership # will be	issued)	^	Vationality:		
Name:						
	(La	(Last name)			(First Name)	
Date of Birth				Male \square	Female	
	(Day)	(Month)	(Year)			
Telephone					_	
	(Home)		(Daytime)	(Cell)		
Email						
	Please p	orint Email clearly	Address will be us	ed for BLTA commun	ications)	
Mail Address						
	Parish			Postal Code		
			_		_	
	rently Attending Scho					
	INDIVIDUAL MEMBE		RIES (Check Box	as appropriate)		
	☐ PATRON	\$250.00				
	☐ FRIEND	\$100.00				
	☐ ADULT	\$70.00* (19 and				
	☐ STUDENT	•	time education)	ombor 24 St 2047		
	☐ JUNIOR ☐ BLTA PRO RI	-	d under as at Dece			
			stry please comp	• •		
		_				
Club Affiliations:		•				
BLTA DONATION: A c					ndicated below:	
Highest priority/greates			•		ed:	
_	_		MENT			
ayment options as follows	: Cash enclosed	d Cheque En	closed			
	Account transf		3218-002 Please in onation with your nam		comment field either:- F for	
		membership f		to the BLTA. The form c	eipt of this duly signed 2017 an be scanned, emailed,	
By renewal of Members	ship through paymen	t of the subscript	ion fee (or in the ca	ase of a new member	the initial subscription	
fee) each member there	eby agrees to abide b	•		ennis Association, its	ruling and decisions.	
As the National Govern	ing Body of Tennis, t		SPORT POLICY compliant signator	v to the Bermuda Co.	uncil for Drug-Free Sports	
which implements year-re						
 Any athlete or individual 	idual who competes re	egularly in local/don	nestic leagues, or co	ompetitions and is a me	ember of the BLTA; and/or	
Any national/elite le	evel athlete who compe		ocally or overseas a	and is a member of the	BLTA.	
I, the undersigned, (or the	he undersigned parent			who is under the a	ge of 18 years of age	
	the above policy; and,	, will not hold the E	BLTA, its officers, ex	xecutive, officials and r	epresentatives responsible	

DATE:

SIGNATURE:

PARENT OR GUARDIAN (if applicable):