



Bermuda Registered Charity # 844

MEMBERSHIP FORM 2024 (1 January – 31 December 2024)

NEW MEMBERSHIP [] RENEWAL MEMBERSHIP [] NATIONALITY: _____

NAME: _____ (Last name) _____ (First Name)

DATE OF BIRTH _____ (Day) _____ (Month) _____ (Year) MALE [] FEMALE []

TELEPHONE _____ (Home) _____ (Daytime) _____ (Cell)

PREFERRED EMAIL: _____ ALTERNATIVE EMAIL: _____ Please print clearly

CLUB AFFILIATION(S): _____

BLTA COMMUNICATIONS: Please check this box [] if you DO NOT want to receive emails from the BLTA (see www.blta.bm for privacy policy)

INDIVIDUAL MEMBERSHIP CATEGORIES: (Check ONE box below)

- PATRON [] \$250
FRIEND [] \$100
ADULT [] \$70 (19 and over)
STUDENT [] \$40 (In full-time education) Currently attending: _____ (insert name of college)
JUNIOR [] \$40 (18 & U as at 31 Dec 2024) Currently attending: _____ (insert name of school)
PRO REGISTRY [] \$85 (includes ADULT membership)

For new PRO REGISTRY members please advise:- Nominated by: _____ Date: _____

MEMBERSHIP BENEFITS: Please visit http://www.blta.bm/tennis-bermuda/become-a-member for a current list of Membership Benefits

BLTA DONATION: I wish to make a donation in the amount of \$_____ in support of the BLTA as indicated below:

- [] Highest priority/greatest need [] Junior Development [] International Competition [] Other as specified: _____

Thank you for your support, we greatly appreciate it!

PAYMENT METHOD

- [] In Person/Mailed with Cash or cheque [] Direct Deposit to: Butterfield Bank 0604021320021 (Enter in the payment memo: F for fee or D for donation PLUS your name)

Each New or Renewing member hereby agrees to abide by the Rules of the Bermuda Lawn Tennis Association, and its rulings and decisions, including, but not limited to the following policy:

DRUG FREE SPORT POLICY

As the National Governing Body of Tennis, the BLTA is a fully compliant signatory to the Bermuda Council for Drug-Free Sports, which implements year-round random drug testing for illicit drugs. Those eligible for random testing are:

- Any athlete or individual who competes regularly in local/domestic leagues, or competitions and is a member of the BLTA; and/or
Any national/elite level athlete who competes for Bermuda, locally or overseas and is a member of the BLTA.

DISCLAIMER

I, the undersigned, (or the undersigned parent / guardian of the subscribing junior who is under the age of 18 years of age) understand and accept the above policy; and, will not hold the BLTA, its officers, executive, officials and representatives responsible for loss/damage and/or injury, howsoever caused, during my participation in any of its events.

SIGNATURE: _____
PARENT OR GUARDIAN (if applicable): _____

DATE: _____

This form can be scanned and emailed to info@blta.bm, delivered to the BLTA Office or posted to the mailing address. Your payment for membership will be validated upon receipt of this duly signed membership form when submitted to the BLTA.

Located at: W.E.R.Joell Tennis Stadium, 2 Marsh Folly Road, Pembroke, Bermuda
Mailing address: PO Box HM 341, Hamilton HM BX, Bermuda
Phone: (441) 296-0834 Email: info@blta.bm Website: www.blta.bm
Office Hours: Monday, Wednesday, Friday 11am to 1pm