

Hospital Tennis Club 2024 Membership via Clubforce

Hospital Tennis Club is excited to announce our partnership with Clubforce, which will make it easier for you to become a member of the club, renew your membership annually, keep your details up to date, pay for leagues, and much more.

To support you with this new process, we prepared this easy five-step guide to help you set up your Clubforce account and arrange your Hospital Tennis Club membership for 2024.

Step 1/5: Select Your Membership Plan.

Follow this link: <https://tinyurl.com/HTC2024Membership>.

Select the quantity of each membership plan you require and double-click 'Add to cart'.

💡 Top Tip for new members: Remember to select Fob + Key option also.



Hospital Tennis Club - Memberships 2024

Registration Plan

Please choose your Registration Plan and quantity below. Then click the Add to Cart underneath.

Quantity	Registration Plan	Cost
0	Family Membership	€170.00
0	Adult Membership	€95.00
0	Junior U18 (School going)	€30.00
0	Social Member	€20.00
0	Third level/OAP	€60.00
0	Guest fee / Green fee	€5.00
0	Fob + Key	€20.00
0	League Fee	€15.00
0	Two Leagues	€20.00

Add to cart

Step 2/5: Login Or Create Your Clubforce Account

If you already have an account with Clubforce (e.g. you may be a member of another club that uses Clubforce), simply log in with your details.

If you are new to Clubforce, select 'Create account' > 'Create an account'.

Membership Registration

Log in | **Create account**

Email

Password

Log in

or

Log in with SMS Code

Log in with Facebook | Log in with Google

[Forgot Password? Click Here to Reset.](#)

By Logging in, you are agreeing to these [terms and conditions](#) and privacy statement.

Log in | Create account

Create an account

or

Sign up with Facebook | Sign up with Google

[Why is there a need to register?](#)

Back

Back



Step 3/5: Add Your Details For Your Clubforce Account

Add your details, tick 'I agree to all Terms & Conditions', and select 'Register'.

Note: Your password must be between 8 and 30 characters; contain at least one number, one lowercase letter, and one uppercase letter e.g. Tennis2024. Do not use special characters e.g. ! or *



Hospital Tennis Club
Kilfrush, Knocklong, V35 RV08,
Limerick, Ireland.

Shopping Cart Total
€170.00

[Click here to view the shopping cart](#)

[Log in](#) [Create account](#)

*If registering a child or children, please enter parent/guardian details here.
Do not enter child detail here.*

Email

Confirm Email

Password*

First Name* Last Name*

CONTACT DETAILS

Address 1*

Address 2*

Address 3 Address 4

Town* Post Code

Select Country* Phone Number*

I agree to all [Terms & Conditions](#)

[Register](#) [Cancel](#)

Step 4/5: Complete Membership Form For Each Member

Add details for each member and select 'Next'.

Note: If you are purchasing a family membership, use the 'Click here to add Additional Adult Player details' and 'Click here to add Additional Juvenile Player details' options, as relevant.



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Plan Details

Adult 1

First Name Surname

Address line 1 (required) Address line 2 (required)

Address line 3 Address line 4

Town (required) Postcode

Ireland Limerick

Gender Male Female Player Yes No

Mobile Phone (Please read privacy statement)
Please do not add spaces in mobile number.

Mobile Can club communicate via mobile? Yes No

Email (Please read privacy statement)
Can club communicate via email? Yes No

Date of Birth (Only required if player)
Date of Birth (DD/MM/YYYY)

Adult Medical Conditions? *
 It is your responsibility to inform the team Coach/Trainer or Volunteer of any medical conditions you might have. Please choose "Agree" below, if you agree to do so.

Please Select ▼

Hospital Tennis Club - Whatsapp Groups *
 I consent to be added to the HTC Members WhatsApp group to keep up to date with club communications.
 Please note: Only committee members can send messages, and you will be able to remove yourself from the WhatsApp group if you wish

Please Select ▼

Hospital Tennis Club - Photo/Video Consent *
 I consent to allow photos / videos of me to be shared for club promotional purposes e.g. on Facebook page / website.

Please Select ▼

Hospital Tennis Club - Membership Agreement *
 By submitting this membership form, you give consent to Hospital Tennis Club to retain your information for administrative purposes (e.g. to enable access to the club court booking system) for the duration of your membership. You also accept that it is your responsibility to inform the club of any relevant medical conditions, disability, or special needs requirements.
 As a member, you agree to abide by Hospital Tennis Club rules and the spirit of fair play at the club.
 HTC is run by members for members - please speak with a committee member if you wish to get involved in volunteering at the club.

Please Select ▼

Emergency Contact *
 Name & Number

[Click here to add Additional Adult Player details.](#)

Juvenile 1

First Name Surname

Gender * Male Female Player * Yes No

Date of Birth * (Only required if player)
 Date of Birth (DD/MM/YYYY)

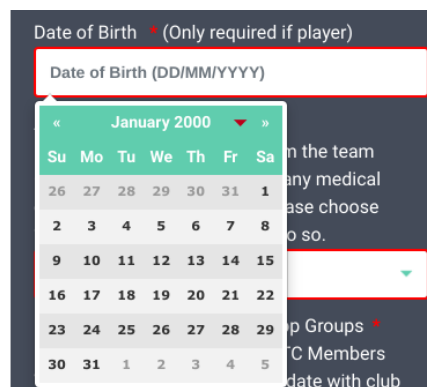
[Click here to add Additional Juvenile details.](#)

You will be able to change any of your communications preferences from your online account at any time.

Back

Next

 **Top Tip for Date of Birth: Select the red arrow to quickly find year, month, and date options:**



Step 5/5: Now You're Ready To Pay

Add Credit / Debit Card details, select 'PAY NOW' and then 'PROCEED TO VERIFICATION'.



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Shopping Cart Total
€170.00

[Click here to view the shopping cart](#)


[Click to view the shopping cart](#) +

Amount to be charged/paid:	€170
Do you have a discount code?	Enter Code here Apply discount
Discount Applied	€0
Final Charge	€170

Payment

How Would you like to pay?


Credit/Debit Card




Pay Full Amount

Please note:
Your bank may require you to authenticate your identity before processing this payment

Payment Details



Card Number 

Expiry

Security Code 

Cardholder Name



[PAY NOW](#)

After selecting 'PAY NOW', select 'PROCEED TO VERIFICATION':

For added security you will be transferred to your bank's card verification page

[PROCEED TO VERIFICATION](#)

That's it! Once your payment goes through, you will see confirmation of your membership which will also be emailed to you.



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Confirmation

THANK YOU for supporting the Hospital Tennis Club Membership. We've sent you an email with details of your purchase. **BE SURE TO CHECK YOUR SPAM FOLDER IF YOU DO NOT SEE THE EMAIL IN YOUR INBOX.**

Please click the Feedback button below to let us know how you found the process of purchasing online with Clubforce.com. This should take no more than a minute of your time and your response will help us to enhance and improve the system.

Many thanks,

All at Clubforce.com