

# **SQUASH MEMBERSHIP APPLICATION**

Male / Female

**NAME** .....  
( First Name ) ( Surname )

**ADDRESS**.....

.....

**TELEPHONE NO.** (Home)..... (Work).....

**MOBILE NO** .....

**E-MAIL ADDRESS** .....

**DATE OF BIRTH** (Junior/School Child only) .....

**CLASS OF MEMBERSHIP APPLIED FOR:**

12 Month Senior Full Membership	\$250.00
12 Month Senior Full Family Membership (2 adults & 2 Children)	\$500.00
Junior (under 19yrs attending school up to college)	\$100.00
School Child PER TERM – (under 19yrs attending school up to college)	\$ 30.00

**Security Key \$20.00 Bond –Allocated to FULL Senior Memberships only**

Nominated by (Existing Senior Member).....

**I AGREE TO ABIDE BY CLUB RULES:**

**Signed** .....**DATE**.....

This information will be held in the membership database. Names & Phone Numbers will be printed on Membership List unless stated otherwise.

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**OFFICE ONLY:**

Membership/Key Number.....

Key Issued By.....Date Issued.....

**Comment:**

**Payment Details**