

DUFFIELD SQUASH & RACKETBALL CLUB - APPLICATION FORM

Please complete and return to: - The Membership Secretary

I wish to join as a: - FULL
RESTRICTED
[Please circle Membership Category required] GYM ONLY
GYM ALL INCLUSIVE
JUNIOR
STUDENT [FULL TIME]
SOCIAL

Please write clearly in block capitals

SURNAME - Mr/Mrs/Miss

FORENAME [S]

ADDRESS

.....

.....

POST CODE

TELEPHONE No. Home

Mobile or other contact number

E-MAIL ADDRESS: -

Please write email address as clearly as possible

OCCUPATION

SCHOOL [if applicable]

DATE OF BIRTH

I agree to abide by the Rules and Byelaws of the Club and accept that my name will be shown on the Booking Sheets when I book courts and when others select me as a “playing partner/opponent” I also consent to receive Club Email Newsletters.

SIGNATURE

DATE

The following information would be appreciated:-

Number of years playing

Other / Previous Clubs

Squash Standard [please indicate as you consider appropriate]

Beginner -- Improver -- Average -- Good Club -- Team – County

Where did you hear about the Club?

Payment enclosed: - Joining fee £..... Subscription £..... Total £.....

Referred by