



Membership Application

Applicant Details

Title	First Name	Surname
Address		
		Postcode
Occupation	Date of Birth	
Phone no.	Alternative phone no.	
Email Address		
Medical Conditions		

Parent / Guardian Name (to be supplied if applicant is under the age of 18 years)

Parent/Guardian Name	
Phone no.	Email Address

If you wish to apply for additional family members living at the address stated above, please complete the section overleaf.

How did you hear about us? (Please circle one)	Coach	Friend/Colleague	Website	Open Day	Other (please state)
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I am being introduced by a West Worthing Club Member (Please confirm their name)

Other (please specify)

Please indicate your main sports or activities : (Please circle all that apply)					
Tennis	Squash	Racketball	Table Tennis	Snooker	
Croquet	Pétanque	Running	Bridge		

Type of membership required: e.g. Full Adult

Method of payment:	DIRECT DEBIT	DEBIT CARD	CREDIT CARD	CASH	CHEQUE
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Previous clubs (if any):

Signature of Applicant:

Date of application:



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Additional Family Members (Living at the same address)

Partner Details

Title	First Name	Surname
Date of Birth	Mobile No	
Main Sport	Membership Type	
Email Address:		
Medical Conditions		

Children under the age of 18 years

Name	Gender (M/F)	
Date of Birth	Main Sport	Membership Type
Medical Conditions		

Name	Gender (M/F)	
Date of Birth	Main Sport	Membership Type
Medical Conditions		

Name	Gender (M/F)	
Date of Birth	Main Sport	Membership Type
Medical Conditions		

DATA PROTECTION: The information you have supplied in this application form may be stored in paper format and/or on our computer databases. Your information will be used by the club to administer your membership and provide you with club news, information, events or offers.

Cancellation of Membership: Memberships run for a minimum period of 12 calendar months. In the event that you wish to cancel your membership after the first year, you are required to give 3 calendar months' clear notice to the Club in writing.

All terms and conditions of membership shall be subject to variation by the Board as deemed appropriate.

OFFICE USE ONLY:

Membership start date:

Swipe Card No: