



Membership Application

Part 1 - Applicant Details

Title	First Name	Surname
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Address

	Postcode
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Gender (M/F)	Date of Birth	Occupation
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Home Phone	Mobile Phone
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Email Address

Do you have any medical conditions that affect your ability to participate in your sport or activity? Please provide details.

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

Parent/Guardian Name

Phone	Email Address
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If you wish to apply for additional family members living at the address stated above, please complete Part 2.

How did you hear about us? (Please circle one)

Coach	Friend/Colleague	Internet Search	Open Day	Other (please state)
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I am being introduced by a West Worthing Club Member
(Please confirm their name)

Please indicate your main sport or activity : (Please circle one)

Tennis	Padel	Squash/Racketball	Croquet	Running
Table Tennis	Pétanque	Snooker	Bridge	Social / Bar & Cafe

Please indicate other sports or activities of interest : (Please circle all that apply)

Tennis	Padel	Squash/Racketball	Croquet	Running
Table Tennis	Pétanque	Snooker	Bridge	Social / Bar & Cafe



Membership Application

Category of membership required: e.g. Full Adult

Method of payment: MONTHLY DIRECT DEBIT

Have you been a member of other clubs? (Please state)

Please tick the boxes below to confirm you understand our club cancellation, data protection and photo policies.

CANCELLATION POLICY:

I understand and agree to the Club's membership cancellation policy of providing 3 calendar months' clear notice in writing should I wish to cancel my membership. All memberships are non-transferable. Any unused periods of membership are non-refundable.

DATA PROTECTION:

I understand that 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.

PHOTO POLICY:

I understand that occasionally, photos and videos from club competitions, coaching and other events will be used in promotional material for the club. I agree to allow my image or my child's image to be used for this purpose and that I will not be compensated. I also understand that once a promotional item has been produced, it is not possible to remove my image or my child's image from the production.

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

Signature of Applicant:

Date of application:

Part 2 - 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



Membership Application

Part 2 - Children under the age of 18 years

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

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

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

Additional Comments

Anything else you would like to tell us?