



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)

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	Social

Type of membership required: e.g. Full Adult

Method of payment: MONTHLY DIRECT DEBIT

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: Monthly memberships may be cancelled by giving 3 calendar months' clear notice to the Club in writing or by email.

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: