



Horsell Moor  
 Horsell  
 Woking  
 Surrey  
 GU21 4NQ  
 Tel: 01483 766516  
 email: [membership@wokingsquashclub.org](mailto:membership@wokingsquashclub.org)

## MEMBERSHIP APPLICATION FORM 2011-2012

Please complete all the boxes shown

<b>Name:</b>		
<b>Address:</b>		
		<b>Enter start date for Membership</b>

<b>Class of membership:</b>		
<b>Home Tel</b>		
<b>Work Tel:</b>		<b>Joining Fee</b>
<b>E-mail address:</b>		<b>Subscription Fee</b>
<b>Mobile:</b>		<b>Key card deposit</b> <span style="float: right;"><b>£10.00</b></span>
<b>Date of birth (if U24):</b>		

<b>TOTAL AMOUNT PAYABLE</b>	£
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<b>PAYMENT METHOD (please indicate preferred method)</b>	Single payment - cheque or cash		
	Single payment - bank transfer		
	Standing Order	Yes/No:	Monthly payments of

DATA PROTECTION	
I agree that, if supplied, my telephone and e-mail details may be included in the Members List published at the Club and in the Member restricted area on the Web Site.	YES / NO
Please indicate whether you are happy to receive emails relating to specific Squash Club activities, notices and information.	YES / NO
As a member of Woking Squash Rackets Club, you are automatically eligible for membership and the benefits offered by England Squash, including their quarterly magazine. Please indicate whether you wish us the pass your details to England Squash,.	YES / NO

**Please return Application Form to Membership Secretary with appropriate payment or form.  
 Please make cheques payable to Woking Squash Rackets Club  
 Please make electronic bank transfers to Woking Squash Rackets Club, Sort Code 20-97-58, A/C No 90971707  
 Standing Order Forms must be received at least two weeks before nominated membership start date.**

DECLARATION	
I agree to observe the rules and byelaws of Woking Squash Rackets Club	
Signed (*)	Date
(*) Parent or Guardian in the case of Junior Membership	

For WSRC use only:	Received:	Database:	Card Issued / number:
	Booking:	Members Area:	
	D/L:	email:	Phone List: