

Stratford Squash Club Membership Application Form

Personal Information

Title	Mr/Mrs/Miss/MS
First Name	
Surname	
Address	
Post Town	
Post Code	
Telephone	
Mobile	
EMAIL	
Date of Birth (if Under 18)	
Full Time Educational Establishment	
Education Finish Date	
Parental Name/Address If under 16	

Membership Category Required

Please refer to the club website www.stratfordsquashclub.co.uk for information about membership and benefits of categories

Please Tick	Category	Subscription – as per the Subscription Calculator Webpage - including the joining fee and credit for the court booking
	Full	
	Off Peak	
	Under 18	
	Full Time Education	
	Social	
	Parental	
	Already a member of another section	Please EMAIL the membership secretary

Date you would like your membership to commence

I wish to apply for the above membership and should I be accepted would abide by the club rules.

Signature

Date

Please send your

- completed application form
- cheque (payable to Stratford Sports Club – Squash Section)

to

Ian Fradgley
 92 Banbury Road
 Stratford upon Avon, CV37 7HY
 EMAIL jeni@92ban.freerve.co.uk
 Tel 01789 266369

How did you hear of us ?

For Office Use
 Membership Number
 Membership Database
 Group EMAIL
 Welcome Letter
 Bookit Account
 Club Admin/Salto Card
 Key Fob/Car sticker
 Bank
 Lionel