

SUNDRIDGE PARK CLUB

Adult

TENNIS & SQUASH

Membership
Application

MEMBERSHIP CATEGORY

| Title | Date of Birth |
|--------------|---------------|
| First Name | |
| Last Name | |
| Address | |
| | |
| | |
| Postcode | |
| Phone Home | |
| Phone Mobile | |
| Email | |
| BTM Number | |

PARTNER AT SAME ADDRESS

| Title | Date of Birth |
|--------------|---------------|
| First Name | |
| Last Name | |
| Phone Mobile | |
| Email | |
| BTM Number | |

FAMILY MEMBERSHIP

Please complete other side for Juniors

ALL SUBSCRIPTIONS MUST BE PAID BY DIRECT DEBIT
If your total subscription is more than £100, you can choose to pay in one payment, or in two or six payments in consecutive months. For six payments there is a charge of £10.

Payment arrangement 1 2 6
please tick

How did you hear about the Club?

| |
|--|
| |
|--|

Thank you for completing this application. Your personal data will be processed by the Club for the purposes of the club and membership administration and to facilitate your participation in club activities.

I have read and accept the Privacy Policy provided and available on the Club's website. Please tick here

I have read and accept the Rules and Etiquette shown to me and available on the Club's website. Please tick here

| Tennis | please tick ✓ |
|-------------------------------------|--------------------------|
| Full Adult | <input type="checkbox"/> |
| Aged 19-29 | <input type="checkbox"/> |
| Couple | <input type="checkbox"/> |
| 3 Month Student | <input type="checkbox"/> |
| Family | <input type="checkbox"/> |
| Off Peak Adult | <input type="checkbox"/> |
| Off Peak Couple | <input type="checkbox"/> |
| Off Peak Restricted Tarmac | <input type="checkbox"/> |
| <i>Squash/Racketball</i> | |
| Full Adult | <input type="checkbox"/> |
| Aged 19-29 | <input type="checkbox"/> |
| Couple | <input type="checkbox"/> |
| 3 Month Student | <input type="checkbox"/> |
| Family | <input type="checkbox"/> |
| Off Peak Adult | <input type="checkbox"/> |
| Off Peak Couple | <input type="checkbox"/> |
| <i>Tennis and Squash/Racketball</i> | |
| Full Adult | <input type="checkbox"/> |
| Aged 19-29 | <input type="checkbox"/> |
| Couple | <input type="checkbox"/> |
| 3 Month Student | <input type="checkbox"/> |
| Family | <input type="checkbox"/> |
| Off Peak Adult | <input type="checkbox"/> |
| Off Peak Couple | <input type="checkbox"/> |
| <i>Social</i> | |
| Full Social | <input type="checkbox"/> |
| Guardian | <input type="checkbox"/> |
| <i>Supplements</i> | |
| Squash 2nd Sport Supplement | <input type="checkbox"/> |
| Tennis 2nd Sport Supplement | <input type="checkbox"/> |

The Club likes to share pictures and videos that appropriately celebrate the tennis, squash and social activities at the Club.

If you do not want yourself, or your child/children, to be photographed, please tick here

Signed _____

Date _____

Membership Application

T H E SUNDRIDGE PARK CLUB

Junior

TENNIS & SQUASH

PARENT'S DETAILS

| | |
|--------------|---------------|
| Title | Date of Birth |
| First Name | |
| Last Name | |
| Address | |
| | |
| | |
| Postcode | |
| Phone Home | |
| Phone Mobile | |
| Email | |

Would you like to be a playing member Y N please tick

If 'No', choose from a Social Membership so you can use our bar, or Guardian Membership (for parents)

BRITISH TENNIS MEMBERSHIP (BTM)

To enter the Club draw for Wimbledon tickets, Junior members (over age of 9) need to become members of the Lawn Tennis Association (LTA).

If your child already is a member, please give the membership number. Make sure you pick Sundridge Park as your nominated club.

| | | |
|------------|---------|----------------------|
| BTM Number | Child 1 | <input type="text"/> |
| | Child 2 | <input type="text"/> |
| | Child 3 | <input type="text"/> |

How did you hear about the Club?

CHILD or CHILDREN'S DETAILS

Child 1

| |
|---------------|
| First Name |
| Last Name |
| Male/Female |
| Date of Birth |
| Age |

Child 2

| |
|---------------|
| First Name |
| Last Name |
| Male/Female |
| Date of Birth |
| Age |

Child 3

| |
|---------------|
| First Name |
| Last Name |
| Male/Female |
| Date of Birth |
| Age |

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Payment arrangement 1 2 6 please tick

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Signed _____

Date _____