

KAWAROA PARK SQUASH CLUB – MEMBERSHIP FORM

Surname: _____ **First Names:** _____

Mobile: _____ Email: _____

Occupation: _____ Employer: _____

Date of Birth: _____ Current Grading (if applicable): _____

Surname: _____ **First Names:** _____

Mobile: _____ Email: _____

Occupation: _____ Employer: _____

Date of Birth: _____ Current Grading (if applicable): _____

Home Address: _____

Home Phone: _____

Membership Type (see fees page): _____ **Fee:** \$ _____

Note: For 'Family' membership, please complete forms for all family members

As a member of Kawaroa Park Squash Club, I agree to the following conditions of membership:

1. To pay the relevant annual membership fee on acceptance of my membership and thereafter within 14 days of the 31st March.
2. To conform to the rules, regulations, and resolutions which may be in force from time to time.
- 3. To pay the visitors fee of \$10 per game if I bring a non-member to play.**
4. To advise the Manager/Secretary of any change of address/contact details.

Signed: _____

(for a couple, both members please sign)

OFFICE USE ONLY

Application Received: _____ Year: _____

Method of Payment: _____

Xero Invoice No: _____ Amount: \$ _____

Statistician: _____ Emailed Statistician: _____ Date: _____

Squash NZ Reg 1: _____ Username: _____ Password: _____

Squash NZ Reg 2: _____ Username: _____ Password: _____

Members Database: _____ Welcome Emails: _____