



Membership Type: Month of Expiry:.....
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Membership Application & Payment Record Sheet

Name: _____ Membership # _____

Address: _____

_____ Tel: _____

Type of membership :

- | | | | | |
|-------------------------|--------|--------------------------|-----------|--------------------------|
| Student | Annual | <input type="checkbox"/> | Termly | <input type="checkbox"/> |
| Staff | Annual | <input type="checkbox"/> | Termly | <input type="checkbox"/> |
| Community | Annual | <input type="checkbox"/> | Quarterly | <input type="checkbox"/> |
| Community - Squash only | | | | <input type="checkbox"/> |

Dates : Commencement: _____ Expiry: _____

Induction: _____ **Membership Card** _____
 Issue date

Cheque Payments:

Cheque Number _____ Amount £ _____

Cheque card number _____ Expiry Date _____

Name on cheque (if not members) _____

Cash Payments: Amount paid £ _____

Members Signature _____

Cashiers name _____ Date _____

Cashiers signature _____