

# ASHBROOKE SPORTS CLUB LTD.

West Lawn, Sunderland, SR2 7HH - Tel: 0191 528 4536 - Email: [info@ashbrookesports.org](mailto:info@ashbrookesports.org) - [www.ashbrookesports.org](http://www.ashbrookesports.org)  
Office opening hours Monday to Friday 09:00hrs to 17:00hrs

Ashbrooke Sports Club Limited is committed to providing and developing community sport in the City in fulfillment of its status as a charity. A.S.C. achieves its aims of community sport through strong, well managed sections and associations. This process requires a sustainable annual revenue to be achieved therefore it is necessary that sports players and social members bear an equitable load.

## MEMBERSHIP APPLICATION FORM 2017

**PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS – ITEMS MARKED WITH \* ARE MANDATORY**

<b>1. APPLICATION STATUS: *</b>	NEW APPLICATION:	<input type="checkbox"/>	RENEWAL:	<input type="checkbox"/>	IF RENEWAL, MEMBERSHIP CARD NO.	<input type="text"/>
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<b>2. NAME: *</b>	Last Name:	<input type="text"/>	First Name:	<input type="text"/>
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<b>3. DATE OF BIRTH: *</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender:*	Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>
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**NB:** If the Applicant is under 16 years of age, section 7 below entitled Parent, Guardian or Carer must be completed

### 4. ADDRESS: \*

Address 1:	<input type="text"/>	Address 2:	<input type="text"/>			
Town/City:	<input type="text"/>	County:	<input type="text"/>	Post Code:	<input type="text"/>	<input type="text"/>

### 5. CONTACT INFORMATION: \*

Email:	<input type="text"/>	Confirm Email:	<input type="text"/>
Mobile Phone:	<input type="text"/>	Home/ Work Phone:	<input type="text"/>

### 6. SPOUSE INFORMATION IF JOINT MEMBERSHIP: \*

Last Name:	<input type="text"/>	First Name:	<input type="text"/>					
Date of Birth / Gender:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>

### 7. PARENT / GUARDIAN / CARER OF UNDER 16 MEMBER: \* (IF APPLICANT IS 16 YEARS OF AGE AND UNDER)

Last Name:	<input type="text"/>	First Name:	<input type="text"/>					
Date of Birth / Gender:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>

### 8. ADDRESS OF PARENT, GUARDIAN OR CARER IF DIFFERENT FROM ABOVE:

Address 1:	<input type="text"/>	Address 2:	<input type="text"/>			
Town/City:	<input type="text"/>	County:	<input type="text"/>	Post Code:	<input type="text"/>	<input type="text"/>

### 9. 2017 MEMBERSHIP FEES: \* Members are entitled to a 10% discount off their bar bill on production of a valid membership card.

Playing Membership:	£115	<input type="checkbox"/>	Junior Playing Membership:	£42	<input type="checkbox"/>	Student Playing Membership (ID required)	£65	<input type="checkbox"/>
Social Membership:	£50	<input type="checkbox"/>	Joint Social Membership (Spouse/Partner)	£65	<input type="checkbox"/>			

### 10. APPLICANT'S FIRST CHOICE SPORT: \* Please tick the appropriate sport:

Bowls	<input type="checkbox"/>	Cricket	<input type="checkbox"/>	Hockey	<input type="checkbox"/>	Rugby	<input type="checkbox"/>	Squash	<input type="checkbox"/>	Tennis	<input type="checkbox"/>
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Payment of the appropriate playing membership fee entitles the applicant to play any of the above sports.

### 11. TERMS AND CONDITIONS:

All payments to be made direct to Ashbrooke Sports Club Ltd. - Payment will not be accepted unless accompanied by this Form duly completed and signed.

I / We agree to: abide by the Rules and Regulations of Ashbrooke Sports Club Ltd.

I / We consent to the processing of my / our personal data for the purposes of the administration of Ashbrooke Sports Club. (The club database is for internal use only and will not be passed to a third party)

Signature of Applicant:	<input type="text"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of spouse (only if for a joint membership):	<input type="text"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Parent/Guardian/Carer of under 16 Applicant:	<input type="text"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>

### FOR OFFICE USE ONLY:

Payment method:	Cash	Cheque	Card	Total amount:	£	<input type="text"/>	Received by (intl)	<input type="text"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>
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