

ASHBROOKE SPORTS CLUB LTD.

West Lawn, Sunderland, SR2 7HH - Tel: 0191 528 4536 - Email: info@ashbrookesports.org - 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 2018

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

1. APPLICATION STATUS: *	NEW APPLICATION:	<input type="checkbox"/>	RENEWAL:	<input type="checkbox"/>	IF RENEWAL, MEMBERSHIP CARD NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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2. NAME: *	Last Name:	<input type="text"/>	First Name:	<input type="text"/>
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3. DATE OF BIRTH: *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	TITLE:*	Mr.	Mrs.	Ms.	Miss.	Master
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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"/>	<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 / PARTNER INFORMATION IF JOINT MEMBERSHIP: *

Last Name:	<input type="text"/>	First Name:	<input type="text"/>								
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Title:	Mr.	Mrs.	Ms.	Miss	Master

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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Title	Mr.	Mrs.	Ms.	Miss	Master

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"/>	<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 Applicants:	<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"/>	<input type="text"/>
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