

# 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 08:00hrs to 16:00hrs

## MEMBERSHIP APPLICATION FORM 2019

**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 / GENDER: *</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	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

<b>4. ADDRESS: *</b>	Address 1: <input type="text"/>		Address 2: <input type="text"/>	
City: <input type="text"/>	County: <input type="text"/>	Post Code: <input type="text"/>		

<b>5. CONTACT INFORMATION: *</b>	Email: <input type="text"/>	Confirm Email: <input type="text"/>
Mobile Phone: <input type="text"/>	Home / Work Phone: <input type="text"/>	

<b>6. SPOUSE INFORMATION IF JOINT MEMBERSHIP: *</b>	Last Name: <input type="text"/>	First Name: <input type="text"/>
Date of Birth: <input type="text"/>	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>

<b>7. PARENT OR GUARDIAN OF UNDER 16 MEMBER: * (IF APPLICANT IS UNDER 16 YEARS OF AGE)</b>	Last Name: <input type="text"/>	First Name: <input type="text"/>
Date of Birth / Gender: <input type="text"/>	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>

<b>8. ADDRESS OF PARENT, GUARDIAN OR CARER IF DIFFERENT FROM ABOVE:</b>	Address 1: <input type="text"/>		Address 2: <input type="text"/>	
City: <input type="text"/>	County: <input type="text"/>	Post Code: <input type="text"/>		

**9. MEMBERSHIP FEES 2019: \*** Members are entitled to a 10% discount off their bar drinks bill on production of a valid membership card.

Playing Membership - <b>£120:</b> <input type="checkbox"/>	Junior Playing Membership - <b>£47:</b> <input type="checkbox"/>	Student Playing Membership (ID required) - <b>£70:</b> <input type="checkbox"/>
Parent of Junior Member - <b>£0</b> <input type="checkbox"/>	Social membership - <b>£55:</b> <input type="checkbox"/>	Joint Social Membership - <b>£70:</b> <input type="checkbox"/>

<b>10. APPLICANT'S FIRST CHOICE SPORT: *</b> Please tick the appropriate sport:	Bowls <input type="checkbox"/>	Cricket <input type="checkbox"/>	Rugby <input type="checkbox"/>	Squash <input type="checkbox"/>	Tennis <input type="checkbox"/>
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.  
The data you provide on this form will be held by ASC in a secure manner in compliance with the GDPR 2018. A copy of ASC Data Protection Policy is available to view in the office.  
I / We agree to abide by the Rules and Regulations of Ashbrooke Sports Club Ltd.

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

<b>FOR OFFICE USE ONLY:</b>	Payment method: Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Card <input type="checkbox"/>	Total amount: £ <input type="text"/>	Received by (intl) <input type="text"/>	Date: <input type="text"/>
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