

APPLICATION FOR MEMBERSHIP

MEMBER DETAILS:

FULL NAME:

ADDRESS:

.....

POST CODE:

HOME TEL NO:

DATE OF BIRTH:

WORK TEL NO:

MOBILE:

E-MAIL:

OCCUPATION:

EMPLOYER:

MEMBERSHIP CATEGORY APPLIED FOR:

ORDINARY

OFF PEAK

INTERMEDIATE

JUNIOR

FAMILY

GYM

SOCIAL

SOCIAL RESTRICTED

STUDENT Please state place of Full Time Education
(proof required – current Matriculation Card)

SIGNATURE:

DATE:

Please complete in full and return to Reception or the address below

Aberdeen Squash Racquets Club

Cranford Road, Mannofield, Aberdeen, AB10 7ND

Email: info@asrc.co.uk Phone: 01224 316122

VAT REG 267 5980 09