

**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](mailto:info@asrc.co.uk) Phone: 01224 316122**

VAT REG 267 5980 09