

# SHEEN LAWN TENNIS & SQUASH CLUB

## MEMBERSHIP APPLICATION FORM

Please scan and return signed completed form to **office@sheentsc.co.uk** who will confirm your exact subscriptions amount to you **before you make your remittance.**  
 (or send to the Office, Sheen Lawn Tennis & Squash Club, 1 Parklands Close, London SW14 7EH)

	Type of membership	Amount
First and last name: Mr/Mrs/Ms.....	.....	£.....
Year of Birth: .....		
Address:.....		Post Code:.....
Telephone number:..... Email address:.....		
<u>Spouse/Partner's</u> Name:.....	Year of Birth: .....	£.....
Telephone Number:.....Email address:.....		

Children (if applying for Membership):

Name: .....	Year of Birth:.....	M / F .....	£.....
Name: .....	Year of Birth:.....	M / F .....	£.....
Name: .....	Year of Birth:.....	M / F .....	£.....

**OUR BANK ACCOUNT DETAILS:**

Santander Bank  
 Sort: 09-01-28  
 Account: 97651388

Please use your surname as the reference when making remittances to our bank

Joining Fee £50 (Adult only):	.....
Dual sport discount if applicable:	.....
Family discount if applicable:	.....
Squash Court Key deposit £10:	.....
<b>TOTAL:</b>	.....

How did you hear about us (please circle)?  
 Member / Friend / Advertisement / Other  
 Coach (please state name): .....Other (please specify): .....

I am/have been a playing member of:.....

Would you like to play in teams for the Club? Yes / No

Would you like to play in tennis men's singles leagues? Yes / No

Would you like to be included in the squash leagues? Yes / No

Would you be interested in helping the Club on a voluntary basis (committees, events etc)? Yes / No

Would you prefer NOT to have your name, email address, telephone number displayed in the members lounge of our website (used by members only to arrange fixtures.)    DISPLAY / DO NOT DISPLAY

I would like to become a Tennis / Squash / Social member (**please circle**) of SHEEN LAWN TENNIS & SQUASH CLUB and if elected I will abide by the Rules, Bylaws and Regulations of the Club. I understand my subscription will commence on the first day of the month in which my application is approved.

I have paid / enclose my / our membership fee(s) on the understanding that in the event of this application not being accepted, the full amount will be returned within 14 days. **PLEASE NOTE - APPLICATIONS CAN ONLY BE CONSIDERED AFTER PAYMENT IN FULL HAS BEEN RECEIVED**

Signed: ..... Date: .....