

# FOUR OAKS



## SQUASH CLUB

### MEMBERSHIP APPLICATION

After completion, forward to: Mr Graham Murray, Four Oaks Squash Club, Wentworth Road, Sutton Coldfield, B74 2SD OR email a copy to [membership@fouroakssquashclub.co.uk](mailto:membership@fouroakssquashclub.co.uk)

FULL NAMES: \_\_\_\_\_ MR / MRS / MISS

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POST CODE: \_\_\_\_\_

TEL NO HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

MEMBERSHIP OF OTHER SQUASH CLUBS: \_\_\_\_\_

PREVIOUS PLAYING EXPERIENCE: \_\_\_\_\_

WHERE DID YOU HEAR ABOUT THE CLUB: \_\_\_\_\_

PROPOSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

N.B. Your proposer must be a full-playing member of the club

|                          | Squash & Gym                     | Squash                   | Gym                       |                          |
|--------------------------|----------------------------------|--------------------------|---------------------------|--------------------------|
| Activities (please tick) | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>  |                          |
| I wish to apply for      | A - Full Playing / Gym (over 24) | <input type="checkbox"/> | D - Junior (16-18)        | <input type="checkbox"/> |
|                          | B - Full Playing / Gym (19-24)   | <input type="checkbox"/> | E - Junior (12-15)        | <input type="checkbox"/> |
|                          | C1 - Country (15-25 miles)       | <input type="checkbox"/> | F - Junior (under 11)     | <input type="checkbox"/> |
|                          | C2 - Country (over 25 miles)     | <input type="checkbox"/> | G - Student (full time)   | <input type="checkbox"/> |
|                          |                                  |                          | H - Non Playing (Not Gym) | <input type="checkbox"/> |

N.B. Age is taken at 1<sup>st</sup> September, i.e. the start of the season

The information which you provide in this form and any other information obtained or provided during the course of your application for membership will be used solely for the purpose of processing your application and if elected to membership, dealing with you as a member of Four Oaks Squash Club. Your data will not be shared with any third party for marketing or commercial purposes without firstly obtaining your explicit consent. Provided you give your consent below we will (a) include your contact details in our membership directory which will be available to all members; and if you are a squash player (b) provide your email address to England Squash, the

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governing body, solely so England Squash can email me with details of [how I can activate my membership of] [join] England Squash.

I am happy for the inclusion of my contact details in Four Oaks Squash Club membership directory.

For Squash players only - I am happy for Oaks Squash Club to provide my email address to England Squash solely so England Squash can email me with details of [how I can activate my membership of / join] England Squash.

If my application is accepted, I agree to observe the rules and bye-laws of the Club.

Signature ..... Date .....

A parent's signature is also required for applicants under 18 years of age.

Parents Signature ..... Date .....