

# Red Star Squash Club

PO Box 383 Masterton

Ph. 377 1990

## Membership Application Form

Full Name: (MR/MRS/MISS/MS) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Work Ph: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you played Squash before? \_\_\_\_\_

If Yes

Grade: \_\_\_\_\_

Previous Club: \_\_\_\_\_

*As a member of Red star Squash I agree to:*

- a) Pay the season's subscription as set by the committee*
- b) Conform to the rules and regulations of the club and such by-laws and resolutions as may be enforced from time to time.*

Signature: \_\_\_\_\_

\_\_\_\_\_

For office use only:

Membership Type: \_\_\_\_\_

Initial Payment: \_\_\_\_\_