

HOWICK SQUASH CLUB

P.O.BOX 38-362, HOWICK. TEL: 534-5972 FAX: 534-5971



MEMBER INFORMATION

Surname		
First Name		
Address		
Mobile Phone		Gender M / F
Home Phone		Date of Birth:
Work Phone		__/__/----
E-Mail Address		

SELECT A MEMBERSHIP TYPE

- | | | |
|---|--|--|
| <input type="checkbox"/> Full Membership – Adult | <input type="checkbox"/> Pay-for-Play - Adult | <input type="checkbox"/> Pay-for-Play – Mid-week |
| <input type="checkbox"/> Full Membership – Under 25 | <input type="checkbox"/> Pay-for-Play – Under 25 | <input type="checkbox"/> Casual Membership |
| <input type="checkbox"/> Full Membership – Under 19 | <input type="checkbox"/> Pay-for-Play – Under 19 | <input type="checkbox"/> Social – Non Playing |
| <input type="checkbox"/> Full Membership – Under 10 | <input type="checkbox"/> Pay-for-Play – Under 10 | |
| <input type="checkbox"/> Full Membership – Family | <input type="checkbox"/> Pay-for-Play – Family | <input type="checkbox"/> Pay Monthly |

AGREEMENT AND SIGNATURE

I ACKNOWLEDGE THE ABOVE INFORMATION MAY BE PASSED ON TO THIRD PARTIES FOR THE PURPOSE OF THE SPORT OF SQUASH (E.G SQUASH NZ).

I AGREE TO ABIDE BY THE RULES OF THE HOWICK SQUASH CLUB INC AT ALL TIMES. NOT ABIDING BY THE RULES CAN RESULT IN FORFEITURE OF MY MEMBERSHIP RIGHTS. MEMBERSHIPS ARE AN ANNUAL SUBSCRIPTION AND ARE NON-REFUNDABLE OR TRANSFERABLE.

Name (printed)	
Signature	
Date	