Southdown Sports Club

MEMBER DETAILS

Date:	
Title:	Mr/Mrs/Miss
Name:	
Date of Birth:	20/01/1985
Address Line 1:	
Address Line 2:	
Town:	
County:	
Postcode:	
Telephone:	
Mobile:	
Emergency Contact Number:	
Email *(Please enter carefully)*:	
Occupation:	
Car Registration Number:	
Membership Category:	**Preferred Sport:**
Subscription Amount (£):	

I wish to pay as follows:

Cash/Cheque	**£**	
Debit/Credit Card	**£**	
Monthly Direct Debit	**£**	

If Applicable Please also Complete the Direct Debit Authority Form

Send This Form ▶

OFFICE USE ONLY

Date:			
Entered on Excel Spreadsheet:	Yes: ◯ No: ◯	**Monthly Gym Student:**	Yes: ◯ No: ◯
Entered on Database:	Yes: ◯ No: ◯	**Membership Card:**	Yes: ◯ No: ◯
Entered on Door System:	Yes: ◯ No: ◯	**User ID/PIN:**	
Emailed Tennis/Squash Coach:	Yes: ◯ No: ◯	**Sent/Emailed Member Info:**	Yes: ◯ No: ◯