



MEMBER DETAILS

Date:

Title:

Name:

Date of Birth:

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

PLEASE PRINT THIS FORM AND SEND TO:

THE SECRETARY, SOUTHDOWN SPORTS CLUB, COCKSHUT ROAD, LEWES, EAST
SUSSEX, BN7 3PR

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: