



# MILNERTON SQUASH CLUB

Date (DD/MM/YYYY)

**Application for membership**

Name			
Telephone numbers	Cell	Home	Work
Email Address			
Occupation			

Residential address	Business address

Are you or have you been a member of any squash or sports club	Yes	No
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If yes, state name

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Period of membership	Years	Months	
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If still a member are you in good standing?	Yes	No
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Have you played league squash before?	Yes	No
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What league?

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Are you prepared to play league for Milnerton Squash Club?	Yes	No
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If resigned or left, have you obtained a clearance certificate?	Yes	No
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I am prepared to abide by the rules of the club as laid down	Signature
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Membership applied for	Family	League	Club	Junior	Social
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Emergency Contact 1	Name	Cell Number
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Emergency Contact 2	Name	Cell Number
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<b>For Office Use only</b>
Membership Number _____ Receipt Number _____