

Full Membership Application Form 2018/19 (Senior)

Details:

Name: _____ Date of Birth: ____/____/____

Address: _____

Parish: _____

Post Code: _____

Telephone: Home: _____ Work: _____ Mobile: _____

E-mail Address (print clearly): _____

Any Relevant Medical conditions? _____

Additional Family members (Under 18's must complete a separate Junior Membership Form)

Name: _____ Date of Birth: ____/____/____ Contact Number: _____

E-mail Address (print clearly): _____

Name: _____ Date of Birth: ____/____/____ Contact Number: _____

E-mail Address (print clearly): _____

Membership Required: Adult / Family
 Individual - £50.00 (£40.00 if paid by 14/09/18)
 Family - £80.00 (£70.00 if paid by 14/09/18)-
Note: Memberships paid before 14th September, will receive £10 discount.

- I give consent for GSRA to add these details to their England Squash affiliation. This includes passing my email address and making the relevant payment to England Squash.
- GSRA use MailChimp email client, click here to confirm you consent to receiving these emails.

I enclose (amount) £ _____
Cheque (payable to G.S.R.A)

Cash
Or pay direct to:
 Bank: HSBC PLC
 Branch: High Street, St Peter Port, Guernsey
 Sort Code: 40-22-25
 Account number: 21890204
 Account Name: Guernsey Squash Rackets Association

Please return this form by post or email to:

Membership
 GSRA
 The Coach House
 Beau Sejour Centre
 Amherst
 St Peter Port
 GY1 2DL
office@guernseysquashandracketball.co.uk

Players Signature: _____ Print Name: _____ Date: ____/____/____