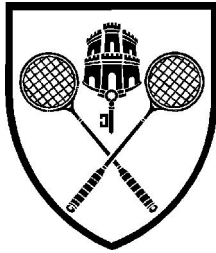


GIBRALTAR SQUASH ASSOCIATION



THE SQUASH CENTRE
SOUTH PAVILION ROAD
GIBRALTAR
Tel : +350 20044922
E-Mail : info@gibsquash.com
Web : www.gibsquash.com

Patron : H.E. THE GOVERNOR

MEMBERSHIP / RENEWAL APPLICATION FORM

Name: Membership No:

Address:

Date of Birth: Age:

Tel. No: (Home)..... (Work) (Mobile)

Email:

I hereby apply to renew / become* a member of the Gibraltar Squash Association and agree, if accepted, to abide by its Constitution and other by-laws which may be enacted from time to time.

In support of this renewal / application*, I enclose herewith cheque / cash* for £.....

FULL MEMBER £.....

AFTER HOURS FOB £.....
(Replacement of misplaced or lost FOB will incur a charge of £10)

FAMILY MEMBER £.....

LOCKER £.....

STUDENT MEMBER £.....
(proof required)

JUNIOR MEMBER £.....
(aged 12-16)

OV. STUDENT MEMBER £.....
(student card required)

OTHER £.....

SIGNATURE OF APPLICANT DATE

FORM RECEIVED BY (person to whom form/fee was submitted)

*Delete as applicable

(for official use only)

Proposed by:
(member)

Seconded by:
(committee member)

Approved / Not Approved:

Date: