**HAMILTON SQUASH & TENNIS CLUB**

**INDIVIDUAL MEMBERSHIP APPLICATION**

**FORM**



office@hstc.co.nz Ph 07 834 3271 P O Box 48 Hamilton

Title: Mr Mrs Ms Miss (please circle) Gender: Male / Female



OR

Other ID: …………………………………………………………

 Home Ph: Work Ph:

Mobile:

Email Address:

Occupation: Company:

 The information on this form will be used by Hamilton Squash and Tennis Club to compile its membership list. I consent to my name and contact details being used to form part of the membership list and being disclosed if required to sponsors and potential sponsors of the Hamilton Squash and Tennis Club. I also understand that a membership list may be on display at the club premises, but this list will only show name, phone numbers and email addresses. My date of birth will only be used if required by the Club Statistician for grading purposes.

I have read and understood the rules and regulations of the Hamilton Squash and Tennis Club and agree to conform to any rules, regulations and resolutions which may from time to time be enforced. I acknowledge that failure to adhere to these rules may result in suspensions or termination of my membership.

 I agree to receiving communications from Hamilton Squash and Tennis Club via the email address that I have provided.

 Signed:

 Date:

***Office Use Only:***

Squash / Tennis / Squash + Tennis / Gym / Squash + Gym / Tennis + Gym / Squash, Tennis + Gym / Sauna

***Membership Type:*** Adult / Student / Junior / Couple ***Term:*** Annual / 6 Monthly / 3 Monthly / Monthly / Casual

**Date:** ***Staff Member:*** *Payment*: + $50 joining fee 

Set Up in Hawkeye\_\_\_\_\_\_\_\_\_\_\_ Access to Isquash \_\_\_\_\_\_\_\_\_\_\_ Collected Key \_\_\_\_\_\_\_\_\_\_ Added to Google Groups