



Official use only

Card No. _____ Membership No. _____

Shelton Sports Ltd.

Shelton Close, Warlingham, Surrey, CR6 9ND, UK

TEL: 01883623747 EMAIL: info@sheltonsports.co.uk

APPLICATION FOR MEMBERSHIP

Date of Application: / /	New Member: () Yes () No.
Applicant Name Mr ./ Mrs./ Ms./Miss Surname _____ First Names _____	Applicant Date of Birth: / / Your Member Status (tick as required) Single Social Membership () Family Social Membership () Corporate Social Membership () Football Membership () Tennis Membership () Squash Membership () Netball Membership () Concessionary () Junior Playing Member ()
Applicant Address House No. & Street _____ Town _____ County _____ Post Code _____	Home Tel No. Office/Daytime Tel No. Mobile No. Email:
Occupation / Profession:	Additional Members (Please enter the names of additional Members who would like to be included with your application, this include partners and children under 18) Partner: _____ DOB: _____ Child 1: _____ DOB: _____ Child 2: _____ DOB: _____ Child 3: _____ DOB: _____ Child 4: _____ DOB: _____
Company Name & Address:	
Subscription paid: £ _____ () Cheque () Cash () Other	
Received by Signature _____ Name _____	
Proposer Name: _____ Signature _____	
Seconded Name: _____ Signature _____	
I agree to abide by the Club Rules, Regulations, Terms & Conditions of Membership. I understand and accept that No Refunds will be given. Membership is entirely at the discretion of the Management.	
Signature of Applicant: _____	Date: _____
By supplying us with your details, you agree for your personal information to be kept on file for club use only. We'll not supply your membership details to any third party without acceptance from you beforehand. By providing us your email address, you agree to accept correspondence via email, this will include "what's on" emails, newsletters and club bulletins.	