**MEMBERSHIP APPLICATION FORM 2024/25**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Membership type (Enter here)** | |  | | | | **Sport** | Badminton / Squash / Table Tennis |
| TITLE: | FULL NAME: | | | | | | |
| EMAIL: | | | | TEL NO: | | | |
| ADDRESS: | | | | | | | |
| POSTCODE: | | | D.O.B: | | REG DISABLED: YES NO | | |
| **EMERGENCY CONTACT DETAILS – Name: Tel No:** | | | | | | | |

**SECOND ADULT MEMBERSHIP:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Membership type (Enter here)** | |  | | | **Sport** | Badminton / Squash / Table Tennis |
| TITLE: | FULL NAME: | | | | | |
| EMAIL: | | | | TEL NO: | | |
| ADDRESS: | | | | | | |
| POSTCODE: | | | D.O.B: | | REG DISABLED: YES NO | |
| **EMERGENCY CONTACT DETAILS – Name: Tel No:** | | | | | | |

JUNIORS (up to 18) An additional form is required for each Junior Member – available from the Office

|  |  |  |
| --- | --- | --- |
| FULL NAME | D.O.B | SPORT (indicate) |
|  |  | Badminton Squash T/Tennis |
|  |  | Badminton Squash T/Tennis |

# Summary of fee (to be completed by member):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MEMBERSHIP FEE | DOOR ENTRY FOBS AT **£10** (new members only) | DONATION (See Gift Aid declaration below if applicable) | TOTAL PAYMENT DUE | NEW OR RENEWAL? |
| £…………………………. | £…………………………. | £………………………… | £……………………. |  |

Payment Type (please circle):

|  |  |  |  |
| --- | --- | --- | --- |
| **Cash** | **Cheque**  *Please make cheques payable to ‘LBSC’* | **BACS**  *To be made to:*  *Account name: Littlehampton Badminton & Squash Club*  *Sort code: 40-28-23 / Account number: 41418750*  *Please use the reference:*  *‘SUBS – your surname and initial’ e.g. ‘SUBS – SmithA’* | **Monthly**  *To be paid by standing order. Please contact the office or bar for further information. Membership begins once first payment received with proof of standing order set up* |
| **Card** |

Declaration: I/We, as the applicant/s, acknowledge that upon my/our membership being renewed the full subscription is due and payable on 1 September. I understand all memberships expire on 31 August each year. I agree to abide by, and take responsibility for all the above applicants abiding by the Rules and By-Laws of the Club as published from time to time.

Donation and Gift Aid: I wish to make a donation of £ to Littlehampton Badminton & Squash Club (LBSC). I am a UK taxpayer. I wish LBSC to reclaim tax on all donations I make from 6 April 2023 and thereafter. I have paid sufficient tax to cover any Gift Aid claimed.

BY SIGNING THIS FORM YOU ARE AGREEING TO OUR DATA POLICY. Your data will be kept on our database, and a hard copy will be held in our files, for 2 years. You agree to us using your email to keep you informed of club activities and set you up with access to our online booking system. Other than for these purposes we will never pass on any of your details to a third party unless legally required to do so.

# When your form is completed and signed, please send, email or hand it in to us either in the office or to the bar along with payment. If paying by BACS, please enter the BACS date below. Emailed forms can be sent to the email shown below.

# Signed: Date: BACS date (if applicable)

Littlehampton Badminton and Squash Club, Sparks Court, Littlehampton, West Sussex, BN17 5ES,

01903 713217 – [www.littlehamptonbadmintonandsquashclub.com](http://www.littlehamptonbadmintonandsquashclub.com) – [enquiries@littlehamptonbadmintonandsquashclub.com](http://www.littlehamptonbadmintonandsquashclub.com/)

***Admin use only***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Payment confirmed** | **Added to eBooking** | **Membership number** | **Payment added to ebooking** | **Membership card issued** | **Key fob issued & added to schedule** |
|  |  |  |  |  |  |