



MEMBERSHIP APPLICATION & RENEWAL FORM 2020/21

(A COMPLETED FORM IS REQUIRED FOR ALL APPLICATIONS FOR MEMBERSHIP OR RENEWAL)

PLEASE CIRCLE MEMBERSHIP REQUIRED (see membership list) AND YOUR SPORT PREFERENCE.

FULL	FAMILY	DAYTIME	SOCIAL	STUDENT	BADMINTON	SQUASH	TABLE TENNIS
TITLE:		SURNAME:			FORENAME:		
EMAIL:					TEL NO:		
ADDRESS:							
POSTCODE:			D.O.B:		REG DISABLED: YES NO		
EMERGENCY CONTACT NAME:					TEL NO:		

FOR FAMILY MEMBERSHIP - SECOND ADULT:

FULL	FAMILY	DAYTIME	SOCIAL	STUDENT	BADMINTON	SQUASH	TABLE TENNIS
TITLE:		SURNAME:			FORENAME:		
EMAIL:					TEL NO:		
ADDRESS:							
POSTCODE:			D.O.B:		REG DISABLED: YES NO		
EMERGENCY CONTACT NAME:					TEL NO:		

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

SURNAME	FORENAME	D.O.B	SPORT (indicate)
			Badminton Squash T/Tennis
			Badminton Squash T/Tennis

Transfer the details from your calculator:

MEMBERSHIP FEE ENTRY FOBS AT £5	DONATION (See Gift Aid declaration below if applicable)	TOTAL PAYMENT DUE
£.....	£.....	£.....	£.....

PAYMENT – please circle **CASH** **CHEQUE:** Please make cheques payable to LBSC BACS (Details: HSBC Account: Littlehampton Badminton & Squash Club – Sort Code: 40-28-23 – A/C No: 41418750) Please give a reference showing your surname and first letter of your forename e.g. “SmithA” and enter the payment date below.

Declaration: I/We, as the applicant/s, acknowledge that upon my/our membership being accepted/renewed the full subscription is due and payable on 1 September, or the date of acceptance of membership. 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 Bye 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 2020 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. We will never pass on any of your details to a third party.

When your form is completed and signed please send it, with your payment or BACS details entered, to LBSC or hand it in at the Club. If you pay by cash, please ask for a receipt. No receipt will be issued for BACS payments or cheques.

Signed: _____ Date: _____ BACS date (if applicable) _____