Sandycove Tennis & Squash Club

Application Form

Category of Membership being applied for:

Tennis Senior	☐
Tennis Junior	☐
Tennis Family (please fill in a form for each family member)*	☐
Squash Senior	☐
Squash Junior	☐
Squash Family (please fill in a form for each family member)*	☐
Pavilion	☐
Other – Please Specify below	

Other Category:	
I wish to apply for Membership of Sandycove Tennis & Squash Club. If accepted I agree to be bound by the Rules of the Club. **Please tick box*	☐

Name:		Date of Birth	
Address:		Home Phone:	
		Work Phone:	
		Mobile:	
Occupation:	Email:		

If you are in full time education please give your school/college details below:	
School/College Details:	

Previous Club:					
Please tick a box to state your standard of squash/tennis from the following headings:					
Beginner:	☐	Improver:	☐	League Standard:	☐
If you have played league, what class did you play? And when did you last play at that level?					
Are you a former member? ☐ Yes ☐ No		If *YES* - what years? from:		to:	
Are any of your immediate family already members? ☐ Yes ☐ No If *YES* – please state the family member(s) and your relationship to them:					

Proposer's Signature: (Please also print)	
Seconder's Signature: (Please also print)	
Applicant's Signature:	
Date of Application:	

Should you be accepted as a member		
GDPR Compliance: **Please tick box*	☐	*I agree to the storage and handling of my data by Sandycove Tennis & Squash Club for the purpose of running the club and to provide you with club services. Our Privacy Policy is on the website.*
Opt-In **Please tick box*	☐	*I agree to receive emails, texts and the like from the club and to use of images/videos on club website/communications*
Please email completed application form to Amanda Chambers at: membership@sandycovetsc.ie and put ***Membership Application*** in the subject line		