

Infinity SMBC

MEMBERSHIP APPLICATION FORM 2024-25 SEASON

NAME

ADDRESS

TEL No. (Home)..... Mobile

EMAIL

AGE GROUP (Please circle): 18-39 40-54 55-64 OVER 65

NEXT OF KIN:

NAMEPHONE.....

MEMBERSHIP (Please tick as appropriate):

- | | | |
|--------------------------|---|-----|
| <input type="checkbox"/> | FULL MEMBERSHIP (inc County & ESMBA Registration) | £30 |
| <input type="checkbox"/> | JUNIOR MEMBERSHIP (inc County & ESMBA Registration) | £10 |
| <input type="checkbox"/> | SOCIAL MEMBERSHIP (Non playing) | £10 |

Please transfer your Membership Fee electronically using the following details:

SORT CODE: 30-99-50

ACCOUNT NUMBER: 78027460

REFERENCE: (Your name)

PLAYING FEES (Payable from Sept to April):

| | |
|-------------------------------------|----|
| PLAYING FEE MONTHLY CHARGE | £8 |
| PLAYING FEE MONTHLY CHARGE (Social) | £6 |
| PLAYING FEE MONTHLY CHARGE (Junior) | £4 |

Data Protection: By completing this form, you are agreeing to the club storing your information for the sole use of the club and it's members.

SIGNATURE.....DATE

All correspondence to Club Secretary:

Ness Armstrong, 10 Longlands Road, Southbourne, Emsworth, Hants PO10 8HL

Email: secretary@infinitySMBC.co.uk