



PO Box 27
EDGE CUMBE

Telephone: (07) 304 9441
E-mail: edgesquash@xtra.co.nz

Application Date: ____/____/____

Name/s: _____ M / F | Snr / Jnr ____/____/____

(Include middle initial)

Postal Address: _____

Home Phone: () _____ Work Phone: () _____
Cellular: () _____ Fax: () _____
E-mail: _____

Tick here if you would like to have your name and contact details available to other club members ☐

Payment Options

Senior	Squash	\$140	<input type="checkbox"/>
	Tennis	\$120	<input type="checkbox"/>
	Combined	\$170	<input type="checkbox"/>
	Associate	\$70	<input type="checkbox"/>
Junior	Secondary	\$70	<input type="checkbox"/>
	Primary	\$40	<input type="checkbox"/>
	¹ Family	\$340	<input type="checkbox"/>
	² Key	\$10	<input type="checkbox"/>

Total Payable: _____

Membership Expires: ____/____/____ Key #: _____

Receipt Number: _____ Card Number: _____

³Include details if paying by instalment (if applicable):

¹ Family includes 2 Seniors and children (Juniors) residing in the same household

² Key charge is waived if exchanging old club key

³ Part Payments will be handled at the discretion of the secretary