



NEW MEMBER FORM 1ST OCTOBER 2026 – 30TH SEPTEMBER 2027

NEW MEMBERS JOINING AFTER 1ST JANUARY 2027 SHOULD PRO-RATA THEIR SUBSCRIPTION

MEMBERSHIP CATEGORIES (for full descriptions please see: https://reigatesquash.co.uk and go to 'Membership' section)	Membership category code For electronic payments	Subscription Please select	New Joiner Entrance fee Please select
Full playing member	FULL	£170.00	£50.00
Married couple/partners	PART	£262.00	£50.00
25 and under (please supply DOB below)	JNR	£80.00	£20.00
Saturday only Junior (please supply DOB below)	SJNR	£28.00	n/a
Parent of 25 and under and Saturday only Junior	JNRParent	£43.00	n/a
Non-playing/gym/social member	NP	£33.00	£10.00
Family membership (please supply children's DOBs below)	FAM	£340.00	£50.00
Over 67s	O67	£128.00	£20.00

PAYMENT INSTRUCTIONS:

Reigate Squash Club: a/c: 35422579; sort code: 09-01-28

Please use your surname and initial as reference followed by membership category code – see above – i.e. JonesHFULL or SmithSJNR.

COMPLETE & RETURN YOUR MEMBERSHIP FORM AND INDICATE PAYMENT

Total: £

Paid online ☐

Name/s covered by remittance (please provide DOB for all members)	
Address:	Postcode:
Telephone (home):	Tel (Mobile):
Email address:	

PLEASE RETURN THIS FORM TO: MRS J PHILLIPS
By email to: helloreigatesquash@gmail.com
Or by post to: 28 HURSTLEIGH DRIVE, REDHILL, SURREY, RH1 2AA





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By marking this box, you agree to receiving emails and newsletters from Reigate Squash Club.

By marking this box, you agree that your full name and photograph may be displayed at the club or appear on the club website and other external publications including the RSC Facebook page & Instagram feed.

By providing Reigate Squash Club with the information overleaf you are allowing the club to hold this information. It will be used solely for the purpose of processing your application and the administration of the club enabling you to play in the club leagues. Your data will not be shared with any third party for marketing or commercial purposes without first obtaining your explicit consent.

Signed:..... Date:.....

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