

Highland Squash Club Membership Form

Full Name _____

Address _____

Email _____ Phone _____

Choose the 'Payment' option that you prefer for the 'Membership Type that you want:
(annual payment provides best discount!)

Membership Type	Annual Fee	Membership Type	Annual Fee
Individual-Full	<input type="checkbox"/> \$450.00	Corporate - 5 to 9	<input type="checkbox"/> \$350.00
Out of County	<input type="checkbox"/> \$350.00	Corporate - 10 or more	<input type="checkbox"/> \$300.00
Student	<input type="checkbox"/> \$275.00		

All memberships include a single door pass for 7 days a week/24 hrs a day access

FEES are to paid at time of Registration. All new members will receive 3 MONTH INTRODUCTORY MEMBERSHIP AT NO CHARGE!

Your membership fees for your first year will be reduced by 1/4 of the Annual Membership Fee that applies to your Membership type.

Where memberships start after January 31, the Membership Fee will be pro-rated/reduced based on the initial month of registration.

By submitting and signing this membership application form I agree to abide by all the policies, rules, and guidelines of the Highland Squash Club and those of the WM Sobeys Indoor Sport Complex.

Signature _____ Date of Application: _____

Payment can be made by any of the below methods:

1. Debit machine payment made at the Complex Office (debit card, Visa or Mastercard)
2. Cheque payable to "Highland District Soccer Association" either mailed to "Highland District Soccer Association, 529 Cottage Lane RR2, Brookfield NS B0N 1C0" or dropped off at the Complex Office;
3. Cash payment dropped off at the Complex Office;
4. Interac EMail Transfer sent to "admin@highlandsoccer.ca" with 'Message' containing Your Name and "Squash Membership" If Security question is required, question should be "the sport HDSA manages" and answer should be "soccer" (lower case no quotes)

Office Use Only		
Payment Date: _____	Payment Method: _____	Amount Paid: _____