



APPLICATION FOR LEISURE CLUB MEMBERSHIP

Member details

First Name _____ Surname _____
 Address _____
 _____ Telephone No _____
 _____ Date of birth _____

Additional members details

Partners first name _____ Date of birth _____
 Partners surname _____
 Name of child 1 _____ Date of birth _____
 Name of child 2 _____ Date of birth _____
 Name of child 3 _____ Date of birth _____

Type of membership required (please tick)

	Gold	Silver
Single	_____	_____
Joint	_____	_____

Please indicate the number of junior memberships required

	Gold	Silver
0-4 years*	_____	_____
5-16 years*	_____	_____
*pool use only		

I wish my membership to commence on (please complete as appropriate)

1st / 10th / 20th of _____ 200__

Next of kin to be contacted in an emergency

Name	_____	Tel Home	_____
Address	_____	Tel Mobile	_____
	_____	Tel Work	_____

I/We confirm that I/we have read, understood and will abide by the membership rules. I/We enclose two passport size photos per prospective member (excluding juniors 0-4) with names indicated on the reverse.

New members will have to pay the relevant joining fees, along with an initial part month and the full following month membership fees. After this initial period has expired payment will be taken on the first of each month via direct debit. Alternatively the full annual membership will be charged upon joining.

Signed _____
Date _____

Signed (Joint) _____
Date _____

FOR OFFICE USE ONLY

Photos received _____	Direct debit received _____
Payment received £ _____ on ____/____/____	Receipt number _____
Membership number _____	Cards issued _____
Induction booked on ____/____/____ @ _____	Induction completed by _____
Direct debit created _____	Membership terminated _____