

# MEMBER APPLICATION FORM

## 1) Your Details –

Title: \_\_\_\_\_

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Town: \_\_\_\_\_

County: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Travel time to centre: \_\_\_\_\_

## 2) Please tick main areas of interest –

- |  |   |  |                                       |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> General Swimming      | <input type="checkbox"/> Basketball       | <input type="checkbox"/> Fitness Classes | <input type="checkbox"/> Pilates/Yoga |
| <input type="checkbox"/> Gym                   | <input type="checkbox"/> Athletics        | <input type="checkbox"/> Badminton       |                                       |
| <input type="checkbox"/> Children's Activities | <input type="checkbox"/> Swimming Lessons | <input type="checkbox"/> Soccer/Football |                                       |

## 3) Dependants –

How many dependants do you have under the age of 16?

- 0    1    2    3    4 or more

## 4) Data Protection -

From time to time we may contact you with money-saving offers, news, exclusive events and competitions. If you do not want to receive this type of communication, please tick this box

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Terms & Conditions apply