

MEMBERSHIP APPLICATION FORM

SURNAME:	FIRST NAN	1E:	DATE OF BIRTH:	
ADDRESS:				
		POST CODE.		
PHONE (HOME): MOBILE:		POST CODE:	EMAIL:	
OCCUPATION:		COMPANY:		
ΓΥΡΕ OF MEMBERSHIP:				
Gold Standing Order	Yearly Casual	3 Month Casual	Monthly Casual	
Over 65 Off-Peak Standing Order	Over 65 Off-Peak Casual	Full-Time Student Over 16 Standing		
1st Year Apprentice Casual	Tourist Casual	Per Session Casual	Other	
banks in order to set up a standing order do not use your personal data for ma required to do so. You have the right available at reception. By signing this appli	ler where this type of merketing and do not share to request to view your cation you have read	eated as confidential. Fire mbership is chosen. We it with any third parties data. Further information	use your personal information to set up and ancial data will be shared with the relevand on not store financial data electronically. We without asking your consent, unless legal is contained in our privacy policy; a copy terms and Conditions set by Eitness Centre	
Signature of Member:		Date of Signature:		
Terms and Conditions Read	Standing Order	Fees Paid	Card Issued/ Card No.	
Staff Signature:		D	ate:	