

MEMBER FORM

ballyshannon leisure centre MEMBERSHIP APPLICATION FORM

Please fill out all of the applicable details below.

1. PRIMARY MEMBER

NAME:.....

ADDRESS.....

TELEPHONE NO: HOME.....MOBILE:.....wk.....

EMAIL:

2. DATE OF BIRTH:...../...../.....

3. DATE YOU REQUIRE MEMBERSHIP TO START:

4. TYPE OF MEMBERSHIP REQUIRED: (eg. Single annual etc).....

5. ANY MEDICAL CONDITIONS:

2. PARTNER / SPOUSE☹ - ONLY FILL IN IF JOINING ALSO.

NAME:.....

DATE OF BIRTH:...../...../.....

TELEPHONE NO: Hm.....wk.....mobile.....

ANY MEDICAL Conditions:

3.CHILD DETAILS (For Family Memberships)

Name:..... Date of Birth:...../...../.....

Name:..... Date of Birth:...../...../.....

Name:..... Date of Birth:...../...../.....

Name:..... Date of Birth:...../...../.....

Name:..... Date of Birth:...../...../.....

Name:..... Date of Birth:...../...../.....

ANY MEDICAL CONDITONS:

OFFICE USE ONLY

AMOUNT RECEIVED:DATE:...../...../..... Staff Signature.....

Gym Induction arranged/ if applicable:.....

Any special requests / details:

Please note: Double receipts, give one to the customer and attach the other to this application form. Put the money through the till on membership POS, receipts from this transaction.