

MEMBER FORM

ballyshannon leisure centre

60 Something 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:

5. PARTNER / SPOUSE[®] - ONLY FILL IN IF JOINING ALSO.

NAME:.....

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

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

CONDITIONS: Monday to Friday 9.00am to 5.00pm only

I have read and understood the following terms and conditions of this membership of when I can only avail of the facilities and I hereby sign this agreement to abide by these terms and conditions

Signed -----

Dated -----

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.