

Leisure Application Form

Members Details – BLOCK CAPITALS PLEASE

Title		Forename		Middle Initial	
Surname				Date of Birth	
Daytime Tel. No.			Home Address		
Evening Tel. No.					
Mobile Tel. No.					
E-mail			Post code		
Occupation		Employer Name			
How did you hear about us?					
E-Mail	<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	Family / Friend	<input type="checkbox"/>
		Local Knowledge	<input type="checkbox"/>	Website	<input type="checkbox"/>
Other (please state):					

Membership Type and Period Details

Type of Membership			Leisure Card Number		
Membership Start Date	/ /	Joining Fee Payment	£	Method of Payment	Cash _ Cheque _ Card _
First Direct Debit Payment Date	/ /	Pro-Rated Payment	£	Method of Payment	Cash _ Cheque _ Card _
Subsequent instalments due on or around this date each month thereafter		Cash Payment Amount	£	Method of Payment	Cash _ Cheque _ Card _
Direct Debit Payment Amount	£	Total	£	Paid Y / N	Staff Signature

On joining The Fitness Suite you will be asked to complete a medical questionnaire which is designed to help you. Please disclose any condition which you or any medical practitioner may consider might effect your ability to use our facilities safely and correctly.

DATA PROTECTION NOTICE:

The information you provide is required for the purpose of customer relationship management and any function which will improve service provision to you. Denbighshire County Council may share this information between its internal departments, with other Government bodies and with other organisations delivering services on behalf of the Council. If you agree with this, please indicate by ticking this box.

By signing this agreement you declare and acknowledge that terms and conditions apply.

Signature of Member		Date	
Signature of Centre		Date	

For Leisure Centre use only:

Form processed by: _____ Date: _____ Direct Debit Form Correct: Yes No

Induction Date: _____ Induction Time: _____

Key Issued: _____ Card Issued: _____

Finance use only:

Direct Debit processed by: _____ Date: _____