



HEALTH AND FITNESS CLUB APPLICATION FORM:

Joining Fee	£75.00	
Single	£35.16	Monthly
Double	£58.65	Monthly
Family	£65.28	Monthly
Single Parent	£42.62	Monthly

Family and Single Parent Membership includes a maximum of 4 children under the age of 21 and within the immediate family.

Please note no one under the age of 16 is permitted to use the Gym

Payments will be taken in advance on the first of each month.

Prices are reviewed annually on 1st February.

Corporate Membership details are available from Main Reception.

APPLICATION FOR MEMBERSHIP
Prices apply from 1ST February 2010 to 31st January 2011

TYPE OF MEMBERSHIP (Single, Double, Family, Single Parent) _____

1st Applicant

Full Name and Title

Date of Birth:

Marital Status:

Address

Post Code._____ **Telephone No.**_____

E-Mail address_____

2nd Applicant

Full Name and Title

Date of Birth:

Marital Status:

Address

Post Code._____ **Telephone No.**_____

E-Mail address_____

Please note no one under the age of 16 is permitted to use the Gym

Details of Children (21 and under) –

Name & DOB	Name & DOB
Name & DOB	Name & DOB

PAYMENT DETAILS

Joining Fee £ _____ Direct Debit start date 1st of _____ (Month)

Initial Fee £ _____ Monthly Fee _____

TOTAL DUE £ _____ Payment by: CASH/CHEQUE/CARD (Please circle)

Card No.

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Expiry Date: _____ Issue No.: _____

Membership is payable on a monthly basis.

For members wishing to pay in advance, the amount due will be the Joining fee plus daily payments for the month you join and monthly payments to the 31st

Notice will be sent to members who pay in full to advise you to renew your membership in December.

Please state where you heard of Shorefield Health and Fitness Club

From Friends	Local Paper
Name of Friend	Which paper

I wish to become a member of Shorefield Health and Fitness Club and I have read and agree to abide by the terms and conditions above and I have been given a copy of the Club code
Have you ever been employed by Shorefield Holidays? YES/NO

Signed _____ Date _____

Staff Members Name _____

OFFICE USE ONLY

Details Entered	
Invoice No.	_____
DD to Bank	. _____
Dream	. _____
New Members SS	_____
BACS SS	. _____

Account Number	_____
Welcome Letter/Email	_____
Deposit List	_____
Hero	_____
Staff Signature	_____
Date	_____