

SHOREFIELD HEALTH AND FITNESS



HEALTH AND FITNESS CLUB APPLICATION FORM:

| | | |
|----------------------|---------------|----------------|
| Joining Fee | £75.00 | |
| Single | £35.93 | Monthly |
| Double | £59.68 | Monthly |
| Family | £66.63 | Monthly |
| Single Parent | £43.45 | Monthly |

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

Please note 15 year olds are permitted to use the Gym, but only to use the Cardiovascular Equipment and they must be supervised by an adult.

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

Prices are reviewed annually on 1st February

Corporate Membership details available from 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 15 year olds are permitted to use the Gym, but only to use the Cardiovascular Equipment and they must be supervised by an adult.

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 _____ | |