

OFFICE USE ONLY: CH HB MS

Standard Membership Application Form

MEMBERSHIP NO(s):

PERSONAL DETAILS (BLOCK CAPITALS)

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mstr <input type="checkbox"/> Other:	Tel Home:	Tel Work:
Surname:	Tel Mobile:	
Forename(s):	E-Mail:	
Local Address:	Company Name:	
	Occupation/Job:	Date of Birth:
Postcode:	Gym Inducted: YES NO	Gym Introduction booked on:

SECOND MEMBER (if applicable)

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mstr <input type="checkbox"/> Other:	Tel Home:	Tel Work:
Surname:	Tel Mobile:	
Forename(s):	E-Mail:	
Local Address:	Company Name:	
	Occupation/Job:	Date of Birth:
Postcode:	Gym Inducted: YES NO	Gym Introduction booked on:

ASSOCIATE MEMBERS (Family/Children)

Name:	Membership No.:	Date of Birth:	Age:	Gym Inducted:
				YES NO
				YES NO
				YES NO

PRIMARY ACTIVITY

What is your primary reason for joining?

Health Suite: <input type="checkbox"/>	Gym: <input type="checkbox"/>
Classes: <input type="checkbox"/>	Swimming: <input type="checkbox"/>
Other (specify):	

FREEDOM CHOICE LEISURE CARD

MEMBERSHIP CATEGORY

Single Joint Corporate Student Junior
 Teen OAP Family Disabled Lifefit

HOW DID YOU HEAR ABOUT US? (Please tick)

Newspaper: <input type="checkbox"/>	Email: <input type="checkbox"/>	Internal Advertising: <input type="checkbox"/>
Internet: <input type="checkbox"/>	Radio: <input type="checkbox"/>	Facebook/Twitter: <input type="checkbox"/>
Direct Mail: <input type="checkbox"/>	Other: <input type="checkbox"/>	(Please specify)

Additional Comments:

I have read and agree to accept the terms and conditions of membership

Signature(s) of Member(s):

Date of Signature(s):

Completion of your details implies acceptance of the provisions contained within the Data Protection (Bailiwick of Guernsey) Law 2001If you do not wish to receive further information regarding other Culture & Leisure Department activities, please tick this box

FOR OFFICE USE ONLY:

MEMBERSHIP PAYMENT Monthly Annual

Amount	Date Paid:
Received: £	Next Renewal Date:
Promotional Gift Received? (if applicable)	YES NO

SIGNED ON BEHALF OF THE CENTRE:

Signed:	Name:	Date:
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MEMBERSHIP PAYMENT Direct Debit

"The Member" requests and authorises Beau Sejour Leisure Centre to collect INSTALMENTS BY DIRECT DEBIT.	
Interim Payment: £	Administration Fee: £
First instalment due on:	
Minimum number of payments = x £ = £	
Future instalments collected on or around the 2nd of each month.	