

APPLICATION FORM

MEMBER

Number Allocated

Surname _____ Mr/Mrs/Miss/Ms

First Name/s _____

Date of Birth _____

Address _____

Post Code _____

Home Tel No _____ Mobile Phone _____

Work Tel No _____

Warrant No or Police Staff No _____

Warren Membership No _____

Identification Seen _____

JOINT MEMBERSHIP

Number Allocated

Spouse/Partner

Surname _____

First Name/s _____

Date of Birth _____

Mobile Phone _____

Work Tel No _____

FAMILY MEMBERSHIP

Children

Name _____ Date of Birth _____ NUMBER:

Name _____ Date of Birth _____ NUMBER:

Emergency Contact Name/Number

SIGNATURE: _____ DATE: _____

Declaration: *I hereby declare that I agree to abide by the Warren Fitness Suite rules. I understand that the subscription rates may increase from time to time in accordance with the rules of membership. I understand that all Standing Orders are a binding contract between The Warren Fitness Suite and myself and represent a commitment to pay until at least the end of the initial twelve-month period. I declare that I am in good physical health and that there is no medical reason that would prevent me from using the facilities of the Club safely.*

To be completed by Fitness Suite staff

Method of Payment	Cheque	Cash	Standing Order
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Type of Membership	Individual	Spouse/Partner	Family
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Payment Details £ _____ per year £ _____ per month

1st Payment will be taken _____

Induction Booked Induction Completed Card Issued

Membership Tracker Completed S/O Mandate Sent to Bank