

Type of membership required (please tick)

Please note that membership categories vary between clubs. Please contact reception for further details

Full: Single Joint Child (0-5) Child (6-16) Student 6 Month Family
 Corporate Company _____
 Special Offer _____ Rate _____

Off Peak: Single

OFFICE USE ONLY (please do not fill out this section)

Membership No: _____ / _____ / _____

Joining Fee Paid £ _____ Payments & Subs £ _____ Total = £ _____

(Cash/cheque/Credit Card) _____

Payment Method (Full or DD) _____

Date of first Direct Debit Payment _____ / _____ / _____

Membership Expiry Date (PAY IN FULL ONLY): _____ / _____ / _____

- Card Issued
- Accounts Verification
- Membership Activated

THE MARINE HOTEL

HEALTH & LEISURE Membership Application form

Mr / Mrs / Miss / Ms / Other

Surname

First Name(s)

Date of Birth

Address

Postcode

Home Tel

Mobile No.

Email

Occupation

Company Name

Additional family members (applying for membership)

Name of Partner

Date of Birth

Name of Child 1

Date of Birth

Name of Child 2

Date of Birth

Name of Child 3

Date of Birth

Name of Child 4

Date of Birth

What are your interests / hobbies (you may tick more than one box)

- Weight Loss Swimming Beauty Treatments
- Classes Healthy Eating Toning
- Running Weight Training Lifestyle

Other (specify) : _____

How did you hear about the Health & Leisure Club?

- Banner Open Day/Weekend Complimentary Trial Current Member
- Flyer Company Link Received Text Name
- Radio Newspaper Internet Search Membership #

Other (specify) : _____

Three complimentary passes for family and friends

Name

Address

Tel No.

Name

Address

Tel No.

Name

Address

Tel No.

Other Clubs

Are you a member of any sports clubs or associations? YES NO

If yes, please give details:

Club Name

Address

Previous Gym