

REF NO.



MEMBERSHIP APPLICATION FORM

TYPE:

MONTHLY { } 6 MONTHLY { } YEARLY { }
GYM & SWIM { } GYM ONLY { } SWIM ONLY { }

SURNAME: _____ NAME: _____

M { } F { }

NAME OF SPOUSE: _____

ADDRESS: _____

TELEPHONE NO: _____

IF YOU ARE INCLUDING CHILDREN ON YOUR APPLICATION FOR MEMBERSHIP PLEASE COMPLETE THIS SECTION:

	CHILD'S NAME	DATE OF BIRTH	AGE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

ALL MEMBERSHIP APPLICATIONS MUST BE ACCOMPANIED BY A PHOTO
PHOTOGRAPHS MUST BE PROVIDED FOR MEMBERSHIP CARD(S) TO BE
ISSUED, FAILURE TO DO SO WILL RESULT IN ENTRY BEING DENIED.

I/We hereby apply for membership of Co. Cavan swimming and Leisure Complex.
I/We agree to abide by the rules and conditions of membership.

SIGNED: _____

DATE: _____

FOR OFFICE USE ONLY

MEMBERSHIP TYPE: _____ MEMBERSHIP NO(S): _____

PHOTOS INCLUDED : YES [] NO [] _____

MEMBERSHIP CARD(S) REQUIRED: YES [] NO []

AMOUNT RECEIVED: _____ DATE: _____

RECEIPT NO: _____ STAFF SIGNATURE: _____

COMMENTS: _____