REF NO: _____

MEMBERSHIP APPLICATION FORM

TYPE:

MONTHLY { } 6 MONTHLY { } YEARLY { }

GYM & SWIM { } GYM ONLY { } SWIM ONLY { }

BLOCK CAPITALS PLEASE

SURNAME															

M { } F { }

NAME														

NEW MEMBER		RENEWAL		MEMBERSHIP NO.	

ADDRESS:														

TELEPHONE NO:											

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

CHILD'S NAME	**DATE OF BIRTH**	**AGE**
_____	_____	_____
_____	_____	_____
_____	_____	_____

ALL NEW MEMBERSHIP APPLICATIONS MUST ACCOPANIED BY A PHOTO (TAKEN AT RECEPTION AT TIME OF ISSUE)
FAILURE TO DO SO WILL RESULT IN ENTRY BEING DENIED.

EMERGENCY CONTACT NAME: _____ PHONE NO:_____

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 [ ]

ADULT [ ] STUDENT [ ] SENIOR CITIZEN [ ] OTHER _____

AMOUNT RECEIVED: _____ **DATE: _____**

PAYMENT METHOD: CD CARD [ ] CASH [ ] CHEQUE [ ] RECEIPT NO: _____

STAFF SIGNATURE: _____ **COMMENTS: _____**