Membership Application Form

Top copy - Membership Blue - Customer receipt

Membership Number

Personal details

New Member ☐ Ex mbr Re-join ☐ Pre Paid Renewal ☐

Title (Mr, Ms. Mrs, Miss Other) Male ☐ Female ☐ Date of Birth

First Name Last Name

Address

Postcode

Mobile Tel (home) E-mail

Additional Members	Title	First Name	Surname	Date of Birth	M / F

If you were referred by a club member please let us know referred you:

In accordance with the Data Protection Act, we collect and process information about you for administrative purposes, so that we can provide you with our services, handle your requests, and tell you about our clubs and hotels. If you would not like us to contact you about our products, services and member benefits, please tick this box. ☐

Car Registration 1 -

Car Registration 2 -

Membership agreement

Joining Fee £

Direct Debit Admin Fee £ 25.00

Direct Debit Interim Payment £

Annual Pre Payment £

Total Paid £

Office use

Source Payment method

Membership category Team member

Direct Debit start date Membership start date

I agree that my membership is a minimum period of ☐☐ months, after which time it can be terminated for Direct Debit) by giving one calendar month's notice prior to the end of the minimum term.
I understand that the monthly direct debit membership is an on-going subscription, meaning that my membership is continuous and will continue on a rolling one month's notice period.

(for Direct Debit) Your monthly membership payments of £ will be collected on or immediately after the 15th of the month.

It is important that you read and understand the membership Terms & Conditions before signing,
The membership Terms & conditions form part of this contract and in signing this form you are accepting them.

Member signature Date

Health commitment statement & club rules

Users must read the Club Rules outlining how to use each area safely, (including, in particular, the rules for adult to child supervisory ratios for pool use) and the Health Commitment Statement. By signing this you confirm that you have read, understood and agree with both: i) the Health Commitment Statement and ii) Club Rules and that you take full responsibility for the actions of yourself and any child accompanying you at the club.

Member signature to be signed by parent or guardian on behalf of Junior member. 2nd Member signature

Emergency contact Emergency Tel No. Date

New member gift

Our members tell us that they like to workout with friends and family, so to help you get started as a new member, within your first month of membership you are entitled to offer up to 3 friends or family members a FREE 5 DAY PASS entitling them to 5 visits to be used in a 2 WEEK PERIOD

Guests Names	Mobile or E-Mail

*terms apply.

Corporate Partnerships

Spirit Health Club is always happy to set up new corporate partnerships with local companies/offices, to help us set one up for you please enter below your work details for a member of the team to get in touch to see if how can help offer a **discounted rate** to you, your staff and immediate family

Company Name

Contact Name

Contact Email

*terms apply.