



1<sup>st</sup> Payment \_\_\_\_\_  
 Processed by \_\_\_\_\_  
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## Membership Application Form

Title  Surname  Forename(s)

Membership No       Membership Type

Address   
  
  
 City/ Town  Post Code

D.O.B  Occupation

Tel (H)  Tel (W)  Mobile

Marital Status

***Want to know the latest in fitness, new classes and what's happening in the club? Keep up to date with the latest info by submitting your e-mail address below:***

@

I hereby apply for membership of the Banks O 'Dee Sports Club. I agree to abide by the Conditions and Rules of the Club a copy of, which is available for inspection at [www.banksodee.co.uk](http://www.banksodee.co.uk) All correspondence will be sent to my home address unless otherwise stated. I understand I require **1 months notice for cancellation of a direct debit membership.**

Signature of applicant \_\_\_\_\_ Name in Block Capitals \_\_\_\_\_ Date \_\_\_\_\_

**How did you find out about us?**  
 Member  Press  TV  Other

## Induction

**Doctors Name and Practice**

**Do you have any of the following medical complaints? (Tick appropriate box)**

- |   |  |  |   |
|---|--|--|---|
| Heart Problems <input type="checkbox"/> | Lung Problems <input type="checkbox"/> | High Blood Pressure <input type="checkbox"/>       | Chest Pains or tightness <input type="checkbox"/>     |
| Asthma <input type="checkbox"/>         | Diabetes <input type="checkbox"/>      | Epilepsy <input type="checkbox"/>                  | Serious illness or operation <input type="checkbox"/> |
| Back Problem <input type="checkbox"/>   | Joint Injury <input type="checkbox"/>  | Suffer Headaces/dizziness <input type="checkbox"/> | Currently on Medication <input type="checkbox"/>      |

Other Please specify \_\_\_\_\_

This health and fitness induction does not in any way substitute for a full medical examination. If you are in any doubt about any aspect of the health and fitness profile, and the information we require, you are advised to seek medical approval before commencing on any exercise programme.

I Declare that the information I have given is correct and that there is no reason that I should not participate in an exercise induction.

I will participate in any recommended fitness programme entirely at my own risk and waive any claim to legal recourse for injuries to myself or damage to my own personal property.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Client



# Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to:

**Banks O' Dee Sports Centre**  
**Spain Park**  
**Abbotswell Road**  
**Aberdeen**  
**AB12 3AB**

Originator's Identification Number

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 6 | 7 | 4 | 2 | 6 | 8 |
|---|---|---|---|---|---|

Name(s) of Account Holder(s)

|  |
|--|
|  |
|  |

Reference Number

|   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Bank/Building Society account number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Branch Sort Code

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

Name and full postal address of your Bank or Building Society

|                 |                       |
|-----------------|-----------------------|
| To: The Manager | Bank/Building Society |
| Address         |                       |
|                 |                       |
|                 |                       |
| Postcode        |                       |
|                 |                       |

|              |
|--------------|
| Signature(s) |
|              |
| Date         |
|              |

**Instruction to your Bank or Building Society**  
Please pay Banks O' Dee Sports Club Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Banks O' Dee Sports Club and, if so, details will be passed electronically to my Bank/Building Society.

Banks and Building Societies may not accept Direct Debit Instructions from some types of account

DDI2

This guarantee should be detached and retained by the Payer.

## The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change BanksO' Dee Sports Club will notify you 28 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by BanksO' Dee Sports Club or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.