



# DIRECT DEBIT

## Membership Application form

1 <sup>st</sup> Payment _____
Processed by _____
Subscribe to E-news
Membership Card Processed
Member ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Title	Mr/ Mrs/ Miss/ Ms/ Dr (Delete as appropriate)
Forename	
Surname	
Date of Birth	/ / ( dd/ mm /yyyy)
Address	
Tel (home)	
Tel (work)	
Mobile Number	

Member Type	
Company Name	
Occupation	

**MINIMUM 3 MONTH TERM**

*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:*

@
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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 and that the minimum term for this membership is 3 months.**

Signature of applicant \_\_\_\_\_

Name in Block Capitals \_\_\_\_\_

Date \_\_\_\_\_

### How did you find out about us?

Member	<input type="checkbox"/>
Press	<input type="checkbox"/>
TV	<input type="checkbox"/>
Other	<input type="checkbox"/>

### Doctors Name and Practice

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

Heart Problems	<input type="checkbox"/>	Suffer Headaches/ Dizziness	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Chest Pains or Tightness	<input type="checkbox"/>
Back Problems	<input type="checkbox"/>	Serious Illness or Operation	<input type="checkbox"/>
Lung Problems	<input type="checkbox"/>	Currently on Medication	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>		
Joint Injury	<input type="checkbox"/>		
High Blood Pressure	<input type="checkbox"/>		
Epilepsy	<input type="checkbox"/>		
Other (please specify)	<input type="text"/>		

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 resource for injuries to myself or damage to my own personal property

Signed \_\_\_\_\_

Date \_\_\_\_\_