

centre
membership
application form



lifestyles @ centralbedfordshire



...be healthy

A facility of

**Central
Bedfordshire**

managed by
Stevenage Leisure Limited

application form

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/>	Please tick here if this is a renewal			
First Name	<input type="text"/>				Surname	<input type="text"/>			
Address	<input type="text"/>								
	<input type="text"/>				Postcode	<input type="text"/>			
Home tel	<input type="text"/>				Work tel	<input type="text"/>			
Mobile	<input type="text"/>				Email	<input type="text"/>			
Fax	<input type="text"/>				D.O.B.	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Do you have a medical condition / disability that you want to declare under the Disability Discrimination Act Yes No

If yes, please give details

Membership category

- Adults
- Family (2 adults, 3 children)
- Juniors (4-15 years incl)
- Senior citizens (60+)
- Student (full time ed.)
- Disabled
- Concession

Which of the following ethnic groups do you consider yourself to belong to:

- White British
- White Irish
- Any other (AO) white background
- Mixed white & black (W&B) Caribbean
- Mixed W&B African
- Mixed W&B Asian
- AO Mixed background
- Asian or Asian British - Indian
- Asian or Asian British - Pakistani
- Asian or Asian British - Bangladeshi
- AO Asian background
- Black or black British - Caribbean
- Black or black British - African
- AO black background
- Chinese
- AO ethnic group

Section 1 - Spouse

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Surname	<input type="text"/>		
First Name	<input type="text"/>				D.O.B.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 2 - Spouse

First Name	<input type="text"/>	Surname	<input type="text"/>	D.O.B.	<input type="text"/>
First Name	<input type="text"/>	Surname	<input type="text"/>	D.O.B.	<input type="text"/>
First Name	<input type="text"/>	Surname	<input type="text"/>	D.O.B.	<input type="text"/>

Declaration

I agree to abide by the rules of the Centre's conditions of membership:

Membership Conditions:

- Under 16's are not allowed in the Centre after 6pm without a parent or guardian unless participating in an activity.
- Membership cards must be handed into reception on every visit, failure to do so will result in non-members fees being charged.
- A charge of £2 is made for the replacement of lost cards.
- Membership cards are not transferable.
- The management reserves the right to withdraw any membership card.

Signature Date

For office use:

Date received	<input type="text"/>
Receipt no.	<input type="text"/>
Renewal date	<input type="text"/>
Member no.	<input type="text"/>
Amount paid	<input type="text"/>
Initials	<input type="text"/>
On screen	<input type="text"/>