

**MEMBERSHIP APPLICATION FORM**

Surname Mr/Mrs/Miss/Ms.....

First Name .....

Address .....

.....

..... Post code .....

Telephone Home ..... Work ..... Mobile.....

E-mail .....

Occupation.....

Date of birth .....

Joint membership? Yes / No Name of partner .....

Names of children (if included) .....

**CATEGORY OF MEMBERSHIP REQUIRED**

FULL MEMBERSHIP

Peak / 7 day

Off Peak / 5 day

Joint (Peak / 7 day)

FITNESS SUITE

Premier

Peak

Joint (Peak)

Off Peak

Senior 60+ (Off P)

Student (Peak)

GOLF

7 Day

5 Day

Senior

Joint (7 Day)

Standard

Junior

**PAYMENT TERMS**

Joining Fee £ \_\_\_\_\_

Annual payment £ \_\_\_\_\_

Monthly Direct Debit £ \_\_\_\_\_

Pro-rata payment £ \_\_\_\_\_ 1<sup>st</sup> month' s payment + Direct Debit required.

**Total payment** £ \_\_\_\_\_ Cash  Cheque:  C/C

Cheques should be made payable to ' Horsham Leisure Limited'

**HOW WERE YOU INTRODUCED TO US? (PLEASE TICK)**

Member introduction  Newspaper advert  Used facilities before  Other – Please state

I hereby apply for membership of Horsham Golf & Fitness:-  
Signed \_\_\_\_\_ Date \_\_\_\_\_

**OFFICIAL USE ONLY**

Membership no.                      Category                      Ack sent                      Staff ID