

SHANNON LEISURE CENTRE MEMBERSHIP APPLICATION FORM



No: Date Joining

Name: Mr/Mrs/Ms/Miss _____

Address: _____

Male Female DOB ___/___/___ Telephone _____

Mobile _____ Email address _____

See email address usage below

Membership

Area of membership Pool Gym Combined Climbing

Type of membership Single Couple Student Early Bird
Family Senior Corp

Period of membership 3 mth 6 mth 12 mth

Method of payment Pay in full Monthly Direct Debit

**Direct Debit Payments will automatically roll forward after 12mths unless notice of termination is given*

(Office use only) Cost of category € _____ Category Code _____

(Family membership only) Name & DOB of spouse/children

Name _____	DOB _____	SLC NO _____
_____	_____	_____
_____	_____	_____

Have you any medical conditions we should be aware of?

Members Signature _____ Date _____

Parent Signature _____ Email address _____

Office use only

Amount paid _____ Cheque _____ Cash _____ CC _____

OR

Direct Debit form completed and returned: YES _____ NO _____

Completed DD form sent to bank:
Yes ___ No ___

Copy of DD attached to Application form:
Yes ___ No ___

Staff Signature _____ Date _____

Office use

SLC Card issued to member

2 receipts

One each for

Customer

Back office

Please note all areas must be correctly filled out. Failure to do so or entering false information may lead to termination of membership and loss of subscription.

All memberships are non-transferable and non-refundable

Cancellation of direct debit membership mid contract will result in loss of access to DD facility in the future, and also your Initial Fee.

By signing this application form you agree to the rules of Shannon Leisure Centre and its policies on memberships.

If you wish to be contacted by phone or email about Special Offers and New Activities please tick this box.