SHANNON LEISURE CENTRE MEMBERSHIP APPLICATION FORM



| Name: Mr/Mrs/Ms/Miss | | Office use |
|--|---|--|
| Name: Mr/Mrs/Ms/Miss Address: Address: | No: SLC Date Joining / / | |
| Address: Male | Name: Mr/Mrs/Ms/Miss | |
| Male | Address: | _ |
| Male | | _ |
| Membership Area of membership Pool | | Customer |
| Area of membership Single Couple Student Early Bird Information may lead to termination of membership and loss of subscription. Method of payment Period of membership Period of payment Pay in full Monthly Direct Debit Information may lead to termination of membership are non-transferable and non-refundable (Office use only) Cost of category Category Code Information may lead to termination of membership are non-transferable and non-refundable (Office use only) Cost of category Category Code Information may lead to termination of membership are non-transferable and non-refundable (Office use only) Cost of category Category Code Information may lead to termination of membership are non-transferable and non-refundable Cancellation of direct debit membership only in loss of access to DD facility in the future, and also your Initial Fee. Have you any medical conditions we should be aware of? Have you any medical conditions we should be aware of? Parent Signature Date If you wish to be contacted by phone or email about Special Offers and New Activities please tick this box. | Male DOB/Telephone | Back office |
| Area of membership Single Couple Student Early Bird Information may lead to termination of membership and loss of subscription. Method of payment Period of membership Period of payment Pay in full Monthly Direct Debit Information may lead to termination of membership are non-transferable and non-refundable (Office use only) Cost of category Category Code Information may lead to termination of membership are non-transferable and non-refundable (Office use only) Cost of category Category Code Information may lead to termination of membership are non-transferable and non-refundable (Office use only) Cost of category Category Code Information may lead to termination of membership are non-transferable and non-refundable Cancellation of direct debit membership only in loss of access to DD facility in the future, and also your Initial Fee. Have you any medical conditions we should be aware of? Have you any medical conditions we should be aware of? Parent Signature Date If you wish to be contacted by phone or email about Special Offers and New Activities please tick this box. | MobileEmail address | |
| Area of membership Pool | Membership | l |
| Sample Couple Student Early Bird | | correctly filled out. Failure to do so or entering false |
| Method of payment Pay in full ☐ Monthly Direct Debit ☐ are non-transferable and non-refundable Category Code | | lead to termination of membership and |
| *Direct Debit Payments will automatically roll forward after 12mths unless notice of termination is given are non-transferable and non-refundable Cancellation of direct debit membership only) Name & DOB of spouse/children DOB SLC NO | Period of membership 3 mth 6 mth 12 mth | subscription. |
| Camily membership only Name & DOB of spouse/children Contract will result in loss of access to DD facility in the future, and also your Initial Fee. | *Direct Debit Payments will automatically roll forward after 12mths unless notice of termination is g | riven are non- transferable and |
| Name | (Office use only) Cost of category € Category Code | |
| Name DOB SLC NO in loss of access to DD facility in the future, and also your Initial Fee. Have you any medical conditions we should be aware of? By signing this application form you agree to the rules of Shannon Leisure Centre and its policies on memberships. Parent Signature Email address If you wish to be contacted by phone or email about Special Offers and New Office use only Amount paid Cheque Cash CC OR Office Debit form completed and returned: YES NO Copy of DD attached to Application form: | (Family membership only) Name & DOB of spouse/children | |
| DD facility in the future, and also your Initial Fee. Have you any medical conditions we should be aware of? By signing this application form you agree to the rules of Shannon Leisure Centre and its policies on memberships. Parent Signature | Name DOB SLC NO | contract will result |
| Have you any medical conditions we should be aware of? By signing this application form you agree to the rules of Shannon Leisure Centre and its policies on memberships. Date | | DD facility in the |
| Have you any medical conditions we should be aware of? Members Signature | | |
| Members Signature Date Leisure Centre and its policies on memberships. Parent Signature Email address Office use only Amount paid ChequeCash CC or OR Direct Debit form completed and returned: YES NO Completed DD form sent to bank: Copy of DD attached to Application form: | Have you any medical conditions we should be aware of? | By signing this application form you agree to the |
| Parent SignatureEmail address | Members Signature Date | Leisure Centre and |
| Amount paid ChequeCash CC or Contacted by phone or email about Special Offers and New Activities please tick this box. Completed DD form sent to bank: Copy of DD attached to Application form: | Parent SignatureEmail address | mambarchine |
| Amount paid ChequeCash CC phone or email about Special Offers and New Activities please tick this box. Completed DD form sent to bank: Copy of DD attached to Application form: | Office use only | |
| Direct Debit form completed and returned: YES NO tick this box. Completed DD form sent to bank: Copy of DD attached to Application form: | Amount paid Cheque Cash CC | phone or email about Special |
| ^ | Direct Debit form completed and returned: YES NO | |
| | | form: |

_Date _____

Staff Signature _____