

SHANNON LEISURE CENTRE
MEMBERSHIP APPLICATION FORM

No: Slc _____

Date Joining ____/____/____

Name: Mr/Mrs/Ms/Miss _____

Address: _____

Male: ____ Female : ____ DOB ____/____/____

Telephone _____ Mobile _____

Email address _____

Membership

Area of membership Pool: ____ Gym: ____ Comb: ____

Tennis ____ Climbing Wall ____

Type of membership Single: ____ Couple: ____ Student: ____

Family: ____ Senior: ____ Corp: ____

Period of membership 3 mth: ____ 6 mth: ____ 12 mth: ____

Method of payment Pay in full: ____ Monthly Direct Debit: ____

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

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

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

Members Signature _____ Date _____

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

Please state that you understand the above. Yes: ____

Office use only

Amount paid _____ Cheque ____ Cash ____ CC ____

OR

Direct Debit form completed and returned: YES ____ NO ____

Staff Signature _____ Date _____

Notes _____

(office use only)

Completed DD form sent to bank
Yes _____ No _____

Copy Of DD attached to application form
Yes _____ No _____