



1. Membership details

1a. Membership number (if known)

1b. Full name

1c. Date of birth

1d. Postal address

1e. Contact details
 Phone - home Phone - work Mobile

1f. Email

1g. Preferred means for formal correspondence
 Mail Email

1h. Referred by

1i. External interests (e.g. triathlon, surf club)

1j. Internal interests
 Gym Swim Sauna
 Exercise programme Swimming-lessons Aquarobics

1k. Company Position

1l. Organisation/school/club

1m. Existing illness and conditions

1n. Do you have any other immediate family members who regularly attend the aquatic centre? Yes No

1o. Name

1p. Emergency contact

1q. Contact details
 Phone - home Phone - work Mobile

Signature Date

Full name (print clearly)



OFFICE USE ONLY

Date received Photograph taken Yes No

Name