



APPLICATION FOR MEMBERSHIP

Member 1 Name:

Member 2 Name:

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Address:

Address:

.....

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City:

City:.....

Postcode:

Postcode:

Contact Number:

Contact Number:

Email:

Email:

First Child Name:

DOB:

Second Child Name:

DOB:

TYPE OF MEMBERSHIP:

Relevant ID if required :

1. I/We undertake to supply 2 passport size photographs for each member.
2. I/We agree to abide by the conditions of membership of the Queens Hotel Leisure Club, a copy of which is available for inspection in the Leisure Club.
3. I/We agree should we wish to cancel our membership one months written notice must be given.

Member 1 Signature:

Date:

Member 2 Signature:

Date:

ADMIN ONLY:

Amount Received:

Date Payment Received:

Membership Number:

Direct Debit Starts:

Card Issued: