



HEALTH & FITNESS

EXPERIENCE THE DIFFERENCE.

MEMBERSHIP APPLICATION - BLOCK CAPITALS PLEASE

TITLE: FIRST NAME: LAST NAME: DOB:/...../.....

OCCUPATION:

ADDRESS: POST CODE:

TELEPHONE: MOBILE:

EMAIL: REFERRED BY:

EMERGENCY CONTACT: EMERGENCY CONTACT NUMBER:

JOINT MEMBERSHIP

TITLE: FIRST NAME: LAST NAME: DOB:/...../.....

OCCUPATION:

ADDRESS: POST CODE:

TELEPHONE: MOBILE:

EMAIL: REFERRED BY:

EMERGENCY CONTACT: EMERGENCY CONTACT NUMBER:

MEMBERSHIP TYPES

PEAK

OFF PEAK

JOINT

METHOD OF PAYMENT

I/We wish to pay the sum of £..... By: Cash Cheque Credit Card

I/We agree to a Direct Debit arrangement for my/our monthly membership fees.

I/We by signing this agreement accept and agree to abide by the Terms and Conditions of 7 Health & Fitness at Best Western Queens Hotel Perth.

Member Signed: Staff Member:

How did you hear about 7 Health and Fitness at Best Western Queens Hotel Perth?

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