



Associate Membership Application Form

Your Details:

Mr/Mrs/Miss/Dr/Professor/Other _____

Forenames: _____

Surname: _____

Date of Birth: _____

Tel No (Home): _____

Tel No (Work): _____

Mobile: _____

E-Mail: _____

Nominating Member Details:

Name: _____

Membership No: _____

Home Address of Associate Member:

Postcode: _____

Who is the nominating member employed by? *(Please tick as appropriate)*

Addenbrookes:

Clinical School/Cambridge University

Medical Research Council:

Mental Health Trust:

SmithKline Beecham:

National Blood Service:

Cambridgeshire PCT:

Cancer Research UK:

Retired:

Other: _____

DECLARATION

The information that I have given is correct and I agree to abide by the rules of Frank Lee Leisure and Fitness

Signed: _____

Date: _____

Office Use Only:

MEMBERSHIP TYPE: _____

Payment

Date of Sale: _____

Monthly/Annual Membership Fee: _____

Admin Fee: **£15.00**

Pro-Rata Payment Received: _____

Membership No: _____

Direct Debit: If member is paying monthly, then they have option of Direct Debit. Please note that if they join after 15th of each month, then they pay pro-rata for the remainder of that month, plus the full amount for the following month.

DIRECT DEBIT RECEIVED FROM MEMBER: YES/NO
(Delete as appropriate & attach mandate to form)

TOTAL PAID: _____

Proof: _____

Card Issued: YES/NO

Staff Initials: _____