



## 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: \_\_\_\_\_

### Contact Details:

#### Home Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

#### Who are you 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 15<sup>th</sup> 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: \_\_\_\_\_