



MEMBERSHIP APPLICATION

Applicant Details *PLEASE COMPLETE DETAILS IN BLOCK CAPITALS*

Mr / Mrs / Ms / Miss / Other: _____

Surname: _____

Forename: _____

Address: _____

Town: _____ Postcode: _____

Telephone number: _____

Date of Birth: _____ * Email: _____

Please tick the box if you do not wish to receive any newsletters or promotions from Chesham Moor Gym & Swim

*Applicants under 16 years of age must have parental consent to be a member of Moor Fitness and an agreement with the Centre Manager.

Membership Details

How did you hear about us? _____

*New Member: Yes/No

*Renewal Membership: Yes/No

* Type of Membership Adult/ Adult Concession 60+/Junior

 Daily/Monthly/Annually

 Peak/Off-Peak

* Payment Method: Cash / Cheque/Standing Order

*Please indicate as appropriate.

Assessment Date: _____

Annual Renewal Date: _____

Important *Please read this before signing*

I hereby declare that prior to signing this contract I have read and understood the Terms and Conditions of Membership as displayed in the gym and on the reverse of this document and that I shall comply with them.

Chesham Town Council may need on occasion to contact you by telephone, post or e-mail.

Office Use Only

Membership No: _____