

# NEW MEMBER REGISTRATION



Title  Ms.  Mrs.  Mr.  Other \_\_\_\_\_

First Name

Last Name

Address

County

Postcode

Phone

Email

Mobile

Date of Birth

Which membership category would you like to join?

- 7 Day
- 7 Day 70+
- 5 Day
- 5 Day 70+
- Intermediate
- Junior

How did you hear about us?

- Recommendation
- Advertisement
- Social Media
- Search Engine
- Other \_\_\_\_\_

Is there anything you wish us to know? Items entered here will be treated in the strictest of confidence

Signature

Date

