



# Membership Application Form

Membership ID: \_\_\_\_\_

## PERSONAL DETAILS

Title: \_\_\_\_\_  
Surname: \_\_\_\_\_ First Names(s): \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Post Code: \_\_\_\_\_ Home Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

## CORPORATE MEMBERHIPS ONLY

Corporate Group: \_\_\_\_\_  
Address: \_\_\_\_\_  
Post Code: \_\_\_\_\_ Work Tel: \_\_\_\_\_ Other Tel: \_\_\_\_\_  
Email: \_\_\_\_\_

MEMBERSHIP TYPE	
Single	<input type="radio"/>
Joint	<input type="radio"/>
Family	<input type="radio"/>
Corporate	<input type="radio"/>

PAYMENT METHOD	
Cash	<input type="radio"/>
Debit/Credit Card	<input type="radio"/>
Cheque	<input type="radio"/>
Standing Order	<input type="radio"/>

MEMBERSHIP TERM	
Annually	<input type="radio"/>
Monthly	<input type="radio"/>
Short term_____	<input type="radio"/>
Visits	<input type="radio"/>

Joining Fee Paid: \_\_\_\_\_ Membership Fee Paid: \_\_\_\_\_  
Monthly Payment Amount: \_\_\_\_\_ Start Date: \_\_\_\_\_

***I warrant that the information provided on this form is correct and hereby apply for membership of The Blue Harbour Spa. I hereby agree to abide by The Blue Harbour Spa Terms and Conditions, which I have read and understood. I certify that I am fit and healthy to participate in physical and health club activities and understand that I participate in such activities at my own risk.***

Member's signature: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Print name: \_\_\_\_\_  
Staff signature: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Print name: \_\_\_\_\_