

Surname Forename(s) Title

Date of Birth (year optional)

Home Address

.....

Occupation

Business Address

.....

Telephone: Home Business

Mobile Email

Partner's Surname Forename(s) Title

Partner's Date of Birth (year optional)

(If Joint Membership)

Child's Name Date of Birth Age

(If Family Membership. Proof of age may be required. If more than 2 children, please continue overleaf)

Child's Name Date of Birth Age

TYPE OF MEMBERSHIP APPLIED FOR:-

SINGLE MEMBERSHIP	Classic/Deluxe/Off Peak/Summer	£
JOINT MEMBERSHIP	Classic/Deluxe/Off Peak/Summer	£
CHILD'S MEMBERSHIP	x..... Classic Turtle/Deluxe Turtle/Terrapin	£
JOINING FEE <i>Only applicable to New or Lapsed Memberships</i>	Single/Joint/Off Peak	£
DAY MEMBERSHIP	<i>See membership subscriptions</i>	£

TOTAL DUE £ _____

Delete as applicable:-

I enclose my Cash / Cheque payment of £ (Cheques made payable to Tormage Ltd)
For security reasons we do not ask members to give us their Credit/Debit Card details, therefore those wishing to pay by Card must bring this form in to the centre and be present to make the payment.

Those who wish to take up our easy pay option must also complete a Direct Debit form.

Emergency Contact: Please enter below the name, address and telephone number of a relative or a friend whom we should contact in the event of an emergency

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Declaration

I wish to apply for Membership of "Reflections " for myself and any partner or children as detailed above and declare that I have read, understood, and agree to comply with, the valid Conditions of Membership and Spa Rules.

Signature Date

OFFICE USE ONLY

Introduced By Membership Number Membership Expiry date