

ASSOCIATE MEMBERSHIP APPLICATION FORM

Nominated Associate Member of

Membership Number



Mr, Mrs, Miss, Ms, Surname:

Forename: DOB:

Address:

Email:

Postcode:

Tel Home: Tel Work:

Mobile:

By signing here I confirm I am fit and well enough to use the Club's facilities.

Signature: Date:

Membership No: Where did you hear about us?

Membership Type:

OFFICE USE ONLY MEMBER PAYMENT DETAILS

Joining Fee £

Pro-Rata Dues £

Annual Dues £

Total Paid £

Payment Method Cash Cheque Credit Debit Card

Current Monthly Dues

Direct debits will be taken on the 1st working day of each month. Please note if you join after the 15th of any month you will need to pay pro rata for the remainder of the given month, and the full fee for next month.

Membership Start Date: Induction Date and time:



INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY

Frank Lee Leisure and Fitness
Hills Road, Cambridge, CB2 0SN



Name(s) of Account Holder(s):

Branch Sort Code:

Bank/Building Society Number:

Originators Identification Number

Instruction to your Bank or Building Society. Please pay Frank Lee Centre Direct Debits from the account detailed on this instruction subject to the safeguards as assured by the Direct Debit Guarantee.

I understand that this instruction may remain with Frank Lee Centre and, if so, details will be passed electronically to my Bank/Building Society.

Banks and Building Societies may not accept Direct Debit instructions for some types of accounts.