

Membership Application Form



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:

Membership Type:

Where do you work?

Addenbrooke's
 Cambridge University
 CRUK
 Clinical School
 MRC
 Papworth
 AstraZeneca

Other



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.