

Membership Application Form



Mr, Mrs, Miss, Ms, Dr, Surname:

Forename: DOB:

Address:

Email:

Postcode:

Tel Home: Tel Work:

Mobile: Membership Type:

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

Signature: Date:

Pre Exercise Questionnaire

- 1) Has your doctor ever said you have a heart condition? Y/N
- 2) Do you suffer from Diabetes? Y/N
- 3) Do you suffer from Epilepsy? Y/N
- 4) Do you have any bone or joint problems? Y/N
- 5) Do you currently have any injuries that would be affected by exercise? Y/N

Where do you work?

Addenbrooke's Cambridge Uni CRUK Clinical School MRC Papworth

Other.....

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY

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

All Direct Debits will be requested on the first working day of the month.
We require Email notification to cancel



Name(s) of Account Holder(s):

Branch Sort Code:

Account Number:

Originators Identification Number 4 2 2 9 4 9

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.