

Samlesbury Sports & Social Association
CANBERRA FITNESS CENTRE

To be completed by applicant please

Membership Application

Full Name Male/Female

Address

.....

Postcode Contact Tel No : (Incl. Code).....

I wish to apply for:

FULL **OFF PEAK** **RETIRED** **SESSION**

membership of the above Centre and agree to pay the membership fee as displayed on the reverse of this form.

One month to be paid in advance by cash, cheque or debit/credit card on 1st Appointment Date and thereafter by one of the following methods:-

SALARY DEDUCTION **STANDING ORDER**
(BAE Payroll Staff Only)

Please tick as appropriate

I confirm that I fall into one of the following categories:-

BAE SYSTEMS EMPLOYEE <input type="checkbox"/>	SENIOR <input type="checkbox"/>
Dept/Clock No. _____	CITIZEN
ON SITE CONTRACTOR <input type="checkbox"/>	NON BAE <input type="checkbox"/>
	EMPLOYEE

Please tick as appropriate

In signing this application I also agree to the Cancellation Policy whereby I will give 1 (one) Month notice in writing prior to cessation of payments.

Signature **Date**

PLEASE SUPPLY TWO PASSPORT SIZE PHOTOGRAPHS

FOR OFFICE USE ONLY

Fitness Test Booked	Cash	Cheque Payment Received	Dr/Cr Card	All details Checked / signed	On Computer

Office Tel. No: (01254) 768517
Fitness Centre : (01254) 765084

EXPIRY DATE

CONFIDENTIAL

MEMBERSHIP NO. _____

CANBERRA FITNESS CENTRE

Health & Fitness Screening Form

In order to ensure your comfort and safety whilst training, it is essential that you answer this questionnaire carefully. All the information on this form will be treated in the strictest of confidence.

SURNAME _____ FIRST NAMES _____

ADDRESS _____

_____ POSTCODE _____

HOME TEL. NO. _____ WORK TEL. NO. _____

DATE OF BIRTH _____ SEX MALE / FEMALE

EMERGENCY CONTACTS

NAME _____ TEL. NO. _____

DOCTOR _____ TEL. NO. _____

Have you suffered from any of the following?

HEART DISEASE STROKE RAISED CHOLESTEROL HIGH/LOW BLOOD
PRESSURE

Are you male over 35 yrs ? Yes / No

Are you female over 45 yrs ? Yes / No

Do you train on a regular basis ? Yes / No

Have you had previous experience with gym equipment / weights ? Yes / No

Would you like a FREE induction on our equipment ? Yes / No **Please sign** _____

Would you like a FREE fitness programme to follow ? Yes / No **Please sign** _____

Has any member of your family suffered from any of the following?

HEART DISEASE STROKE RAISED CHOLESTEROL HIGH/LOW BLOOD SUDDEN
PRESSURE DEATH

If so, were they under 60 yrs ? Yes / No

What sport, leisure or recreational activities do you currently participate in ?

Have you had any operations or injuries to the following ?

BACK NECK SHOULDER KNEE ANKLE HIP OTHER

If yes, please specify

Are you taking any medication / Drugs ? Yes / No

If yes, please give details

Are you pregnant, been pregnant or suffered a miscarriage in the last 12 months ? YES / NO

Have you had, in the last 12 months, or currently having any Orthopaedic / Physiotherapy treatment ? YES / NO

If yes, please give details

Do you smoke ? YES ? NO

Have you had a Cold or Flu related illness in the last 3 months ? YES / NO

If yes, please give details

What are your personal goals ?

I hereby declare that I have understood the detailed questions, and that to the best of my knowledge, the information I have given is correct, and I know of no other reason as to why I should not participate in the exercise programme I will now take part in.

MEMBERS SIGNATURE _____ **PRINT NAME** _____

INSTRUCTORS SIGNATURE _____ **PRINT NAME** _____

DATE _____

STANDING ORDER MANDATE
(For Payment of Gym)

TO YOUR BANK

NAME OF BANK

ADDRESS

.....

POSTCODE

PLEASE PAY TO:

Lloyds TSB Bank Plc
Preston, Lancs Branch
94 Fishergate, Preston. Lancs PR1 2JB

FOR THE CREDIT OF :

Samlesbury Sports & Social Association
Account No. 00638547 Sort Code 30-96-85

The Sum of £

Amount in words

RECIPIENT REFERENCE (Membership No.)

Every month, commencing

..... day of20

Name of Account

Account No. **Sort Code**

Home Address

..... **Postcode**

Name (please print)

Signature

(on completion please return to the Canberra Fitness Centre)