



MEMBERSHIP APPLICATION FORM

Office use only

Exp Date _____

Card No _____

Data base _____

Name _____

Name (2nd Applicant) _____

Address _____

Tel: _____

Mobile: _____

Date of Birth ____/____/____

Date of Birth (2nd Applicant) ____/____/____

Email Address _____

For Family Membership

Childs Names _____

Childs Names _____

Please Tick the appropriate membership type

<u>GYM & POOL</u>	12 Month	6 Month	3 Month	1 Month
SINGLE	€420 <input type="checkbox"/>	€300 <input type="checkbox"/>	€170 <input type="checkbox"/>	€65 <input type="checkbox"/>
COUPLE	€630 <input type="checkbox"/>	€450 <input type="checkbox"/>	€255 <input type="checkbox"/>	
STUDENT SINGLE	€320 <input type="checkbox"/>	€235 <input type="checkbox"/>	€140 <input type="checkbox"/>	
O.A.P. SINGLE	€220 <input type="checkbox"/>	€165 <input type="checkbox"/>	€100 <input type="checkbox"/>	€45 <input type="checkbox"/>
O.A.P. COUPLE	€330 <input type="checkbox"/>	€250 <input type="checkbox"/>	€150 <input type="checkbox"/>	€70 <input type="checkbox"/>

<u>POOL ONLY</u>	No concessions for gym or aerobics available with this membership			
	12 Month	6 Month	3 Month	1 Month
SINGLE	€250 <input type="checkbox"/>	€180 <input type="checkbox"/>	€120 <input type="checkbox"/>	€50 <input type="checkbox"/>
COUPLE	€370 <input type="checkbox"/>			
FAMILY	€500 (2+2) <input type="checkbox"/>			

First time member

Renewal of membership

Signature _____

Comments _____