ALTON HEALTH AND FUN CLUB APPLICATION FORM

Title:				
First Name:				
Surname:				
Date of Birth:				
Address:				
Post Code:				
Membership Type:	**NEW Member**		**RENEW Membership**	
Mobile Phone No:				
Home Phone No:				
Email Address:				
Emergency Contact Name:				
Emergency Contact Mobile:				

ALL MEMBERS: PLEASE READ AND SIGN

I agree that my details can be passed onto the Health & Fun Club to be used by the members of the Committee to contact me in regard to any club activities.
Please Note: Anyone with a medical condition or reduced mobility should make the Activity Instructor aware of the condition before proceeding with the class.

Signed:	
Date:	

FOR RECEPTION TO FILL IN

Membership Fee:	£47.20	Date Paid:	
Reception Staff Initials:		Rejoin Date:	
Confirmed on Everyone Active Database (Please Tick In Box)			

Reception: Please pass onto the AHFC Membership Secretary