

ALTON HEALTH AND FUN CLUB APPLICATION FORM

Title:			
First Name:			
Surname:			
Date of Birth:			
Address:			
Post Code:			
Membership Type:	Everyone Active Full		Alton Health and Fun
Mobile Phone No:			
Home Phone No:			
Email Address:			
Emergency Contact:			
EC Mobile Phone No:			

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:	£44.46	Date Paid:	
Reception Staff Initials:		Rejoin Date:	
Confirmed on Everyone Active Database (Please Tick In Box)			

Reception: Please pass onto the Membership Secretary