

ALTON HEALTH AND FUN CLUB APPLICATION FORM

Title:	
First Name:	
Surname:	
Date of Birth:	
Address:	
Post Code:	
Mobile Phone No:	
Home Phone No:	
Email Address:	
Emergency Contact:	
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:	£42.10	Date Paid:	
Reception Staff Initials:		Rejoin Date:	
Confirmed on Everyone Active Database (Please Tick In Box)			

Reception: Please pass onto the Membership Secretary