



Tel: 01745 856212

Website: www.saintshealthandfitness.com

**APPLICATION FORM.**

**SURNAME**.....  
**FIRST NAMES**.....  
**MR/MRS/MISS/MS**.....  
**DATE OF BIRTH**.....  
**ADDRESS**.....  
.....  
.....**POSTCODE**.....  
**OCCUPATION**.....  
**HOME & WORK TEL. NO**.....  
**E-MAIL ADDRESS**.....  
**WHERE DID YOU HEAR ABOUT SAINTS?**.....

Gold Card £29  Silver Card £10  Student up to 23 £20   
Off Peak Gold £22  Corporate £22  Joint Card £50  Junior Squash £10

**Initial Fees Due**

Remainder of current month                   £.....  
Next month (if after 20<sup>th</sup>)                   £.....  
Fitness Assessment / Joining Fee           **£15.00 STANDARD CHARGE**  
**TOTAL**   £.....

**I have completed the standing order mandate instructing my bank to make future payments directly from my account. I understand membership is continuous and expires only on cancellation of my mandate by myself. I agree to abide by the rules and by-laws of the club. I am over 18 years of age.**

**Please Note: All members train at their own risk, including within classes both inside and outside and personal training.**

**Any member bringing a guest into the gym will be responsible for them and Saints Health and Fitness is not liable for any injuries incurred.**

**I have read and understand the Club Rules.**

**Membership is non-refundable s/o is controlled by the member.**

**SIGNATURE** .....

**DATE** .....

**JUNIOR MEMBERSHIP: Is charged at £2.50 per session or £22.00 per month.**

**Names.....DOB:.....**

**Paid Cash  Cheque  Card  signed.....**

**Instructions to go on screen .....**