

Bodyworks Application Form



Main Member

Title _____ Surname _____ Forename _____

Address _____ Postcode _____

Date of Birth _____ Day Time Telephone _____ Eve Telephone _____

Email _____

Please indicate Membership Type Required

Annual Single	
Annual Joint	
Monthly Single	
Monthly Joint	
Casual	
Corporate	
Special Offer	

How did you hear about us? _____

Children under 16 are not permitted in the gym.

****Please ensure you wear the appropriate clothing and footwear****

Please complete The Health Profile

I hereby apply for the membership of Bodyworks at The Willison Sports Centre and having read a copy of the Bodyworks Rules agree to abide by them.

Signature _____ Date _____

PARTNER

Title _____ Surname _____ Forename _____

Address _____ Postcode _____

Date of Birth _____ Day Time Telephone _____ Eve Telephone _____

Email _____

I hereby apply for the membership of Bodyworks at The Willison Sports Centre and having read a copy of The Willison Centre Terms and Conditions.

Signature _____ Date _____

PAYMENT

CASH	CHEQUE