Application Form – Seasonal Membership

AYUSH HEALTH CLUB

SEASONAL MEMBERSHIP AVAILABLE FOR 4 MONTHS
EXCLUDES AUGUST

MEMBERSHIP REQUIRED

☐ Wellness Single ☐ Wellness Joint

☐ Fitness Single ☐ Fitness Joint

PERSONAL DETAILS

Full name: _____ Date of birth: _____

Partner name: _____ Date of birth: _____
(If applicable)

Address: _____ Nationality: _____

_____ Email: _____

Parish: _____ Tel. No: _____

Postcode: _____ Mobile: _____

Joining date: _____/_____/_____

PAYMENT DETAILS

Joining Fee £_____ Membership fee £_____

Total Due £_____ Payment by: CASH / CHEQUE / CARD (please circle)

Card No. | | | | | | | | | | | | | | | |

Expiry From: _____/_____/_____ Expiry To: _____/_____/_____

I the undersigned agree that I have read, understood and agree with the attached Terms and Conditions and that I authorise the above amounts to be debited from the above card details.

Print name: _____ Signature: _____

Date: _____/_____/_____

OFFICE USE ONLY

Mem. No: _____ Approved by: _____ Date: _____/_____/_____