



**1. Membership details**

1a. Membership number (if known)

1b. Full name

1c. Date of birth

1d. Postal address

1e. Contact details  
 Home phone     Work phone     Mobile

1f. Email

1g. Preferred means for formal correspondence  
 Mail     Email

1h. Referred by

1i. External interests (e.g. triathlon, surf club)

1j. Internal interests  
 Gym     Swim     Sauna  
 Exercise programme     Swimming-lessons     Aquarobics

1k. Company  Position

1l. Organisation/school/club

1m. Existing illness and conditions

1n. Do you have any other immediate family members who regularly attend the aquatic centre?  Yes  No

1o. Name

1p. Emergency contact

1q. Contact details  
 Home phone     Work phone     Mobile

Signature (applicant)     Date



**OFFICE USE ONLY**

Date received

Name

Photograph taken?

Yes  No