

Application for Health Club & Spa Membership

Please complete in BLOCK CAPITALS

Title: Dr. Mr. Mrs. Ms. Miss. Other

Surname: First Name:

Address:

Mob Tel No:

Home Tel No:

Office Tel No:

Post Code:

Date of Birth: email:

Joint Membership, please give full name of Partner:

Title: Dr. Mr. Mrs. Ms. Miss. Other

Surname: First Name:

Date of Birth: email:

Mob Tel No:

Where did you hear of us?

Membership Type

Health Club Memberships

Please indicate in the corresponding box the type of membership you are applying for

Single (12 Months):	£875	<input type="checkbox"/>
Single (6 Months)	£500	<input type="checkbox"/>
Joint:	£1,550	<input type="checkbox"/>
Other: _____	£_____	<input type="checkbox"/>

There is a **£25 Joining Fee** for all new Health Club and Health Club and Golf members. This includes lapsed members. This is added to the price displayed. Individual memberships pay £25 Joint memberships pay £50.

Combined Health Club & Golf Club

All new members are required to pay a £25 Joining fee.

Individual Golf & Spa:	£1,300	<input type="checkbox"/>
Partner 1 (Golf) Partner 2 (Gym):	£1,325	<input type="checkbox"/>
Joint Spa & Golf (Special Offer):	£2,000	<input type="checkbox"/>

Payment Type:

Cash	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>
Cheque	<input type="checkbox"/>	Debit Card	<input type="checkbox"/>
Direct Debit	<input type="checkbox"/>		

I/We agree to abide to the Rules and Constitution of London Beach Health Club.

Signature: _____ Date: _____

Please make cheques payable to: **London Beach Leisure.**
London Beach Health Club, Ashford Road, Tenterden, Kent TN30 6HX