

application form

“ Sign up now and start saving today - monthly direct debit, single annual payment or 30 day pass - you decide.”



Title MR/MRS/MISS/MS Date of Birth

Forename(s)

Surname

Address

Postcode

Tel: Home

Mobile

Email

MyFife Card No:

and / or Fife Sports and Leisure Trust Member No:

Category:	Adult (please tick)	Junior (please tick)
Active Bronze	Full: <input type="checkbox"/> Concession: <input type="checkbox"/>	Full: <input type="checkbox"/> Concession: <input type="checkbox"/>
Active Silver	Full: <input type="checkbox"/> Concession: <input type="checkbox"/>	Full: <input type="checkbox"/> Concession: <input type="checkbox"/>
Swimming & Gyms	Full: <input type="checkbox"/> Concession: <input type="checkbox"/>	Full: <input type="checkbox"/> Concession: <input type="checkbox"/>
Swimming & Health Suites	Full: <input type="checkbox"/> Concession: <input type="checkbox"/>	Full: <input type="checkbox"/> Concession: <input type="checkbox"/>
Active Gold	Full: <input type="checkbox"/> Concession: <input type="checkbox"/>	Full: <input type="checkbox"/> Concession: <input type="checkbox"/>
Active Diamond	Full: <input type="checkbox"/> Concession: <input type="checkbox"/>	Full: <input type="checkbox"/> Concession: <input type="checkbox"/>
Active Platinum	Full: <input type="checkbox"/> Concession: <input type="checkbox"/>	Full: <input type="checkbox"/> Concession: <input type="checkbox"/>

How did you hear about Leisure Active?

Direct Debit Payee Name

Junior applicants only

Address

Postcode

The Data Protection Act 1998 The information supplied on this form will be retained by Fife Sports and Leisure Trust on a database and will be used in connection with Leisure Active. The information may also be used for marketing purposes and you could be contacted by letter, fax, telephone or e-mail with details of future events and courses organised or promoted by Fife Sports and Leisure Trust.

Please tick if you would not like to receive further information including special offers from Fife Sports and Leisure Trust.

I have read and agree to abide by the terms and conditions.

Print Name

Signature Date

(Parent/Guardian if aged 18 years and under)

Payment Method: Monthly Direct Debit Annual Single Payment

Reception Use Only

Centre Name:

Amount:

Payment: Cash Cheque Card Direct Debit

Receipt:

1st Instalment Paid: Yes No Initials: Date:

Concession Eligibility Evidence Produced No.

Administration

Card No:

LIMS Enter: Date Valid:

Expiry Date: Promo: