

# Application Form join us today



Title  MR/MRS/MISS/MS Forename(s)

Surname  Date of Birth

Address

Postcode

Telephone Home  Mobile

Email

How did you hear about Leisure Active?

Category:	Adult (please tick)			Junior (please tick)		
<b>Platinum</b>	Full: <input type="checkbox"/>	Concession: <input type="checkbox"/>		Full: <input type="checkbox"/>	Concession: <input type="checkbox"/>	
<b>Gold</b>	Full: <input type="checkbox"/>	Concession: <input type="checkbox"/>		Full: <input type="checkbox"/>	Concession: <input type="checkbox"/>	
<b>Silver</b>	Full: <input type="checkbox"/>	Concession: <input type="checkbox"/>		Full: <input type="checkbox"/>	Concession: <input type="checkbox"/>	
<b>Bronze</b>	Full: <input type="checkbox"/>	Concession: <input type="checkbox"/>		Full: <input type="checkbox"/>	Concession: <input type="checkbox"/>	

Payment Method:  Monthly Direct Debit  Annual Single Payment

**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 15 years and under - Active Bronze)

## Reception Use Only

Centre Name:  Amount:

Payment: Cash  Cheque  Card  Direct Debit  Receipt:

1st Instalment Paid: Yes  No  Initials:  Date:

Concession Eligibility Evidence Produced  Concession No.

## Administration

Card No:  Date Valid:  LIMS Enter:

Expiry Date:  Promo: