

ASPIRE@SOUTHFIELDS MEMBERSHIP FORM**MEMBER DETAILS – PLEASE COMPLETE ALL SECTIONS MARKED WITH AN ASTERISK (*)**

First name*:	Middle name:	Last name*:
Date of birth*:	Phone*:	Email*:

Current address*:		
City/town*:	Post code*:	Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female

EMERGENCY CONTACT*

Full name*:		
Address:		Phone*:
City/town*:	Post code*:	Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship*:		

REFERRAL TYPE

<input type="checkbox"/> Another client	<input type="checkbox"/> Flyer	<input type="checkbox"/> Internet	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Radio	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Other:	

PAYMENT DETAILS (FOR OFFICE USE ONLY)

ADULT MEMBERSHIP	<input type="checkbox"/> £50
ADULT CONCESSION MEMBERSHIP	<input type="checkbox"/> £25
FAMILY MEMBERSHIP	<input type="checkbox"/> £85
FAMILY CONCESSION MEMBERSHIP	<input type="checkbox"/> £65
CLUB MEMBERSHIP	<input type="checkbox"/> £80
STAFF MEMBERSHIP	<input type="checkbox"/> FREE
SENIOR MEMBERSHIP	<input type="checkbox"/> FREE

MEMBERSHIP CARDS (FOR OFFICE USE ONLY)**PAYMENT METHOD (FOR OFFICE USE ONLY)**

CUSTOMER ID ASSIGNED: ASP _ _ _ _ _	MODE OF PAYMENT: <input type="checkbox"/> CASH <input type="checkbox"/> CARD <input type="checkbox"/> CHEQUE <input type="checkbox"/> N/A
CUSTOMER ID ASSIGNED: ASP _ _ _ _ _	SALE ID:
CUSTOMER ID ASSIGNED: ASP _ _ _ _ _	DATE: / /
CUSTOMER ID ASSIGNED: ASP _ _ _ _ _	TAKEN BY (INITIAL):

SIGNATURES*

I authorise the use of the information provided on this form on MindBody cloud-based software system used by Aspire@Southfields.	
Signature of applicant*:	Date*: