

Membership Application Form

Member Information	
NAME:.....	DATE OF BIRTH:.....
ADDRESS:.....	
TELEPHONE NUMBER:.....	EMERGENCY CONTACT:.....
EMAIL (PLEASE PRINT):.....	

If we need to, we may contact you about your membership using the above details. If you are happy for us to also contact you about other services/products/events/promotions we may offer from time to time, please tick to confirm how you would like to receive such communications:

I am happy to receive communications by email

I am happy to receive communications by phone call

I am happy to receive communications by text message

Membership							
<u>Type:</u>	Standard	Off Peak	Student	Over 65's	Day	Classes	Corporate
<u>Payment:</u>	Annual	6 monthly	Monthly by Standing Order	Monthly by card/cash/chq (increased fee)			

All new members are entitled to receive a free gym induction which will show you how to safely use all machines. However, should you feel you do not need this service, please tick the gym induction waiver declaration below.

I understand that exercise can be physically demanding and if performed incorrectly can cause serious harm. I have opted to not attend the gym induction offered to me and assume all liability for any possible injury caused by the exercises I choose to perform. I acknowledge that I am physically fit and free from any illnesses that may be aggravated by performing exercise. I am a regular user of gyms and I am familiar with most gym equipment. I will not use any equipment that I am unfamiliar with or perform any exercises that I am unsure of. I am aware that I can ask Trainers in the future for assistance with how to use any of the equipment.

I declare that all of the information provided is correct. I have read, understand and agree to the Quay Fitness Ltd Terms and Conditions (available at Reception and online at www.quayfitnessiom.com) and agree to abide by them. I understand that the gym may from time to time make changes to these terms and conditions without prior notice and that it is my responsibility to make myself aware of any changes. I agree to notify staff immediately if any of the information provided changes during my time as a member. I understand that I am responsible for monitoring my own health and that I am using the facilities of Quay Fitness Ltd entirely at my own risk.

PRINT NAME:..... SIGNED:.....

DATE:.....

OFFICE USE	Induction date:	First S/O date:
	Payment made:	

New Standing Order Instruction

I instruct you to pay the following account in the name of 'Quay Fitness Limited' on a monthly basis until further notice:
 Account Number: 13063537 Sort Code: 55-91-00 Branch Address: IOM Bank, PO Box 13, Douglas, IM99 1AN

Member Account Details:

Account Holder: _____ Amount: _____ Date of first payment: ____/____/____

Bank Name and Address: _____

Payment Reference: _____

Account Number: _____ Sort Code: _____

Date: _____ Signed: _____