

## Lead member

Mr / Mrs / Miss / Ms / Other ..... Surname .....

Forename(s) ..... Date of birth .....

Address .....

.....

..... Post code .....

Home tel. .... Mobile tel. ....

Email .....

Occupation .....

Company name .....

## Additional family members (applying for membership)

Name of partner .....

Name of child 1 .....

Name of child 2 .....

Name of child 3 .....

Name of child 4 .....

Where did you hear about the Health & Leisure Club? (you may tick more than one box)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Banner                       | <input type="checkbox"/> Events weekend | <input type="checkbox"/> Complimentary trial |
| <input type="checkbox"/> Flyer                        | <input type="checkbox"/> Company link   | <input type="checkbox"/> Received text       |
| <input type="checkbox"/> Radio                        | <input type="checkbox"/> Newspaper      | <input type="checkbox"/> Internet search     |
| <input type="checkbox"/> Other (please specify) ..... |   |  |

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## Three complimentary passes for friends and family

Name .....

Address .....

.....

..... Post code .....

Mobile tel. ....

2

Name .....

Address .....

.....

..... Post code .....

Mobile tel. ....

3

Name .....

Address .....

.....

..... Post code .....

Mobile tel. ....

## Other clubs

Have you been a member of any other sports clubs or associations?

- No  Yes (please specify) .....

Type of membership required (please tick)

- Single
- Joint
- Student
- Child
- Corporate      Company name .....
- Promotional offer    Please specify .....

**OFFICE USE ONLY**  
(please do not fill in this section)

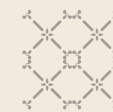
Membership number .....  Card Issued

Joining fee paid £ .....  Accounts Verification

Monthly subscription .....  Membership Activated

Membership expiry date (Pay in full only) ..... / ..... / .....

“bespoke”  
HOTELS



MEMBERSHIP APPLICATION FORM



THE  


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**BILLESLEY MANOR**  


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HOTEL  
NR. STRATFORD-UPON-AVON