



Gower College Swansea  
Coleg Gŵyr Abertawe

# Sports Centre Membership Application Form



x2 Passport  
photographs\*\*



Mr  Miss  Mrs  Ms  Dr  Other \_\_\_\_\_

Surname: \_\_\_\_\_ Forenames: \_\_\_\_\_

House Number and Street: \_\_\_\_\_

Locality: \_\_\_\_\_ Town or City: \_\_\_\_\_

Postcode: 

--	--	--	--	--	--	--	--

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

## Membership options available:

	Single x1	Couple x2	Family x3	No. of Months				* Single membership only.
				1*	3	6	12	
<b>Full Membership</b>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Squash Court Membership Only</b>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Gym Membership Only</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Gym Membership Off Peak Only</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Student Gym Membership Only (16+)</b>	<input type="checkbox"/>				<input type="checkbox"/>			
<b>Corporate Membership</b>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Company: _____
<b>Gower College Swansea Staff Membership</b>	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	Department: _____

**Note:** No refunds given on memberships. Your membership card must be shown on each visit to the sports centre. **\*\*Please remember** to supply two passport size photographs for every membership required and a separate membership form must be completed by every member.

### Data Protection Act 1998

The information you provide on this form will be stored either on computer or in the form of manual records. It will be used by Gower College Swansea Sport Centre to monitor the implementation of its Equal Opportunities and related membership policies. It will not be used for any other purpose or disclosed to any other organisation except in pursuance of our statutory obligations.

### Declaration

I agree to the College using my mobile telephone number to contact me regarding my membership and promotional offers. To do this we release your name and number to Edutext who provide our messaging service. Your details will not be used by any other party. Yes  No

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### Official use only:

Membership No.

Receipt No.

No. of Months:

M	M
---	---

Start Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Expiry Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---