**THE WINSTON CHURCHILL SCHOOL SPORTS CENTRE Fitness Suite Membership**

(*Please Use Block Capitals And Complete All Sections In Full)*

**Title: Full Name: \_ Date of Birth: \_\_**

**Address Line 1: \_\_**

**Address Line 2:**

**Town: \_\_ County: \_ Postcode: \_ \_\_ \_ Home Telephone: \_ Mobile Telephone: \_**

**Email:**

**HOW DID YOU HEAR ABOUT THE CENTRE?**

|  |  |  |  |
| --- | --- | --- | --- |
| Friend |  | Relative |  |
| Ex Pupil |  | Website |  |
| Banner |  | Radio |  |
| Just Passing |  | Yell.com |  |
| Spectator of a game |  | Leaflet through door |  |
| User of the sports facilities |  | Thompson Local |  |
| Work at school |  | Other |  |

Please specify:

**Membership Category**

**PAYMENT DETAILS**



|  |  |  |  |
| --- | --- | --- | --- |
| 1. Adult |  | 5.Concession (*NUS*)\* |  |
| 2. Parent of Child at the School |  | 6. Concession (*16 – 18 Years*)\* |  |
| 3.Emergency Services |  | 7. Concession (*60+ Years*)\* |  |
| 4. Local Teacher (*Woking Borough*) |  | 8. FACS / FANS |  |

\**Proof of eligibility for any Concessionary Rate MUST be brought to Induction.*

**PAYMENT OPTIONS**

**A. Monthly Direct Debit**  **B. Annual Fee in Advance** 

Direct Debit to Begin: \_ *(****1st of Month Only****)*

First Payment of £ Received on Date: \_

**I hereby agree for Winston Sports Centre to keep my personal data in a secure place.**

**Signed:**