

UNIVERSITY SPORTS COMPLEX
Public Membership Form

Title (Mr. Ms. etc) Gender

First Name

Surname

Date of Birth / / Age

Phone Number **Daytime** **Evening**

Address

E-mail Address

Car Registration

Emergency Contact Name
Emergency Contact Number

Type of Membership

Family Details

Partner
First Name
Surname
Date of Birth / /

Child
First name
Surname
Date of Birth / /

Child
First name
Surname
Date of Birth / /

Child
First name
Surname
Date of Birth / /

I have read University Sports Club's Terms & Conditions and agree to abide by them. _____
Signature *Date*

Child
First name
Surname
Date of Birth

Child
First name
Surname
Date of Birth

Child
First name
Surname
Date of Birth

Child
First name
Surname
Date of Birth

Staff Use:
Amount Paid
Membership Advisor

Office Use:
Membership Number
Membership commencing date
Membership expiry date