

**UNIVERSITY SPORTS COMPLEX
Student 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

Year

Student Number

Course of Study

Type of Membership

Family Details

Partner

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