

Fitness & Wellbeing Centre Membership Application Form



Main Member Details:

Title: First Name: Last Name:
Gender: Date of Birth:
Address:
Postcode: Contact Tel No:
Email: Car Reg No:
Employee ID: Employee Referral Name:

Membership Types:

Club Membership Partner Membership MultiSite Membership
RBS Referral Staff Membership
Corporate Membership (please state):

Partner Details:

Title: First Name: Last Name:
Gender: Date of Birth:
Address:
Postcode: Contact Tel No:
Email: Car Reg No:

2nd Partner Details:

Title: First Name: Last Name:
Gender: Date of Birth:
Address:
Postcode: Contact Tel No:
Email: Car Reg No:

Child(ren)'s Details:

Title: First Name: Last Name:
Gender: Date of Birth:
Title: First Name: Last Name:
Gender: Date of Birth:

AGREEMENT

I/We will complete a Pre-exercise Questionnaire in completing this application. I agree that I and my associated members will adhere to the Centre Rules and Regulations, including providing 1 paid month notice required to cancel.

SIGNED: DATE:

To receive communications from Nuffield Health about our exclusive offers, products and services, please tell us how you would like to be contacted by ticking the relevant boxes: Email SMS Post

On occasion Nuffield Health may contact you with pertinent service information relating to the services we provide. You have the right to opt out of receiving these communications at any stage by following the unsubscribe option. For further information about where personal data may be processed, how it may be processed and details of our Data Protection Officer, please see our privacy policy: www.nuffieldhealth.com/privacy

Staff Use Only: Membership No: Programme Booking:
Pro-rata Payment: 24/7 Registration:
Welcome Email: