

# Fitness & Wellbeing Centre

## Membership Application Form



### Employee Details:

Title:  First Name:  Last Name:

Address:

Postcode:  Date of Birth:

Home Tel No:  Work Tel No:

Mobile Tel No:  Email:

NIACS No:  Car Reg No:

Location: (please circle)  Gogarburn /  Gyle Campus /  City Centre /  Branches /  Retiree /  Contractor

How did you hear about the Centre?

### Membership Types:

Club Membership  Partner Membership  Child Membership

Aqua Membership  Gogarburn/Drummond House Dual Membership

### Partner Details:

Title:  First Name:  Last Name:

Date of Birth:  Tel No:

Email:  Car Reg No:

### 2nd Partner Details:

Title:  First Name:  Last Name:

Date of Birth:  Tel No:

Email:  Car Reg No:

### Child(ren)'s Details:

First Name:  Last Name:

Date of Birth:

First Name:  Last Name:

Date of Birth:

### AGREEMENT

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

SIGNED:  DATE:

NUF0117199352-1

#### Use of my information

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 below.

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](http://www.nuffieldhealth.com/privacy)