



## Peter Little Fitness Suite and/or Swimming Pool Application Form

*Membership is application only. No application can be guaranteed.*

<b>Name</b>			
<b>Date of Birth</b>			
<b>Address</b>			
<b>Postcode</b>			
<b>Telephone</b>			
<b>Email (BLOCK CAPS)</b>			
<b>Membership Type</b> Please note Direct Debits are collected on 1s of each month. The first collection may include an additional pro rata amount	<b>Swim</b> Monthly (DD) £11.00 <input type="checkbox"/> 6 Months £54.00 <input type="checkbox"/> 12 Months £108.00 <input type="checkbox"/> Family* (DD) £25.50 <input type="checkbox"/>	<b>Fitness Suite</b> Class Pass (DD) 11.00 <input type="checkbox"/> Monthly (DD) £16.50 <input type="checkbox"/> 6 Months £82.50 <input type="checkbox"/> 12 Months £164.50 <input type="checkbox"/>	<b>Combined</b> Monthly (DD) 22.00 <input type="checkbox"/> 6 Months £108.00 <input type="checkbox"/> 12 Months £216.00 <input type="checkbox"/> Family * (DD) £46.50 <input type="checkbox"/>
<b>Have you been a member before?</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
<b>GDPR</b>	We need your consent to store and process your information. The way in which we store and use your information is referred to in the Merchant Taylors' Schools Privacy Notice which can be found on the Merchant Taylors' Schools website. Do we have your consent to do this: <b>Yes:</b> <input type="checkbox"/> <b>No:</b> <input type="checkbox"/>		
<b>Marketing</b>	We would like to send you information via email about your membership and other activities available in the Ian Robinson Sports Centre and Merchant Taylors' Do we have your consent to do this: <b>Yes:</b> <input type="checkbox"/> <b>No:</b> <input type="checkbox"/>		
<b>Signature</b>			
<b>Date</b>			

\* Family memberships are for 2 nominated adult and 2 nominated children (under 16yrs) only

[www.merchanttaylors.com](http://www.merchanttaylors.com)

Tel: (0151) 949 9355

[IRSC@merchanttaylors.com](mailto:IRSC@merchanttaylors.com)

For full T&C's of membership please see a member of staff.



**Office Use Only**

Membership Number: \_\_\_\_\_

Client information uploaded on EZ: Y/N

Minimum H&S Induction: Y/N

Staff Initials: \_\_\_\_\_

Date: \_\_\_\_\_