

Membership Number:

Join Date:

Leisure & Culture Dundee is a Scottish Charitable Incorporated Organisation No. SC042421

PERSONAL DETAILS (BLOCK CAPITALS PLEASE)

Forename:.....
Surname:.....
Date of Birth:.....
Gender:.....
Address:.....
.....
Postcode:.....
Home Tel:.....
Mobile:.....
Email:.....
.....

All information provided will only be used by Leisure & Culture Dundee for the purposes of managing the Leisureactive membership contract. Leisure & Culture Dundee will not share this information with any other party unless explicitly agreed with you in advance. Information will be retained for the duration of the contract agreement between the applicant and Leisure & Culture Dundee. All data provided on this application form will be processed, stored and destroyed in accordance with the General Data Protection Regulation (GDPR).

EMERGENCY CONTACT NAME 1 (BLOCK CAPITALS PLEASE)

Mr/Mrs/Ms/Miss: Forename:.....
Surname:.....
Home Tel:.....
Mobile:.....
Work Tel:.....

EMERGENCY CONTACT NAME 2 (BLOCK CAPITALS PLEASE)

Mr/Mrs/Ms/Miss: Forename:.....
Surname:.....
Home Tel:.....
Mobile:.....
Work Tel:.....

To receive regular updates with information, offers and events from Leisure & Culture Dundee and it's services, please tick this box

MEMBERSHIP DETAILS

Membership Type (PLEASE TICK)

YOUTH FIT

JUNIOR £23 (0-11 years old) **JUNIOR** Attached to adult member £16 (0-11 years old) **TEEN** £16 (12-17 years old) **TEEN+** £23 (12-17 years old*) **TEEN+** Attached to adult member £16 (12-17 years old*)

* Only for Teen members enrolled in the Learn 2 Swim programme. If between 14 and 16 years of age, a Teen gym induction must be completed. This can be booked via account on Connect/the App or by contacting the Membership Team

Monthly payments will be made on the 1st of the month thereafter, until notice is given via email, in writing or a cancellation form is completed at one of our centres (30 days notice required). I agree to the terms and conditions

Signed by Member:..... Signed by Staff:..... Date:.....
(if under 16 please have parent/guardian sign on your behalf)

REFERRED BY A FRIEND?
TELL US WHO AND THEY WILL RECEIVE ONE FREE MONTH (14 years and over)

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT

Name:..... of your Bank of Building Society

Name(s) of Account Holder(s).....

Account Number Branch Sort Code Originator Identification Number

Account Holder Signature..... Date:.....