

Title:	Mr / Mrs / Miss / Ms	Date of Birth:	_____
Full Name:	_____	Date of Joining:	_____
Address:	_____ _____	Membership Type:	_____
Town:	_____	Membership No:	_____
County	_____	How did you hear about us? (Please tick)	
Postcode:	_____		Flyer () Member () BVM () Other.....
Telephone (H):	_____	Payment Amount:	_____
Telephone (W):	_____	Payment Method:	_____
Telephone (M):	_____	Joining Fee:	_____
E-mail:	_____	Initial Cash/Cheque/Card Payment:	_____

I have read and agree to the terms and conditions of the Fitness by Design membership.
These are available on request.

Bank Address:	[]	Signature:	_____
		Printed:	_____
Sort Code:	_____	Date:	_____
Acc No:	_____		

MEMBERSHIP RECEIPT

Membership No:	_____	Amount Paid:	_____
Receptionist's Signature:	_____	Date:	_____

I have read and agree to the terms and conditions of the Fitness by Design membership.
These are available on request.