

Club Minella

HEALTH & FITNESS
COLEVILLE ROAD, CLONMEL
Tel. 052-6180088 - Fax. 052-6180099



MEMBERSHIP APPLICATION FORM

Surname _____

First Name (s) _____ Date of Birth _____

_____ Date of Birth _____

Child 1 _____ Date of Birth _____

Child 2 _____ Date of Birth _____

Child 3 _____ Date of Birth _____

Child 4 _____ Date of Birth _____

Address _____

_____ Telephone _____

Company _____ Telephone _____

MEMBERSHIP TYPE & FEES

<input type="checkbox"/>	Single	€500 annual fee
<input type="checkbox"/>	Couple	€1,000 annual fee
<input type="checkbox"/>	Golden Years	€500 annual fee
<input type="checkbox"/>	Youth (16-18)	€275 annual fee
<input type="checkbox"/>	Minor (10-16)	€195 annual fee
<input type="checkbox"/>	Junior (2-10)	€170 annual fee
<input type="checkbox"/>	Family *	€1,200 annual fee

I confirm that I (we) have read and will abide by the rules, and have no medical history/condition that may interfere with my (our) use of the club.

Signature & Date

* Couple plus 2 children under 16yrs each, additional children under 16, €100 each.

PAYMENT DETAILS

Cheque or Bank Draft for the total amount made payable to "CLUB MINELLA"

Credit Card Type _____

Card holder _____ EXP DATE _____

Card No. _____