

ANGUS HOTEL LEISURE CLUB APPLICATION FORM

Principle Member

SURNAME			Membership Type	
FIRST NAME			Standard <input type="checkbox"/>	Classic <input type="checkbox"/>
DATE OF BIRTH				
ADDRESS				
POSTCODE		TELEPHONE		
E-MAIL ADDRESS				

Associate Members

	Name	Relation to principal member (e.g. spouse/partner/child)	DOB	Membership Type	
1				Standard <input type="checkbox"/>	Classic <input type="checkbox"/>
2				16-18 <input type="checkbox"/>	Under 16 <input type="checkbox"/>
3				16-18 <input type="checkbox"/>	Under 16 <input type="checkbox"/>
4				16-18 <input type="checkbox"/>	Under 16 <input type="checkbox"/>
5				16-18 <input type="checkbox"/>	Under 16 <input type="checkbox"/>

Annual Subscriptions

(please tick as appropriate)

Principle Member	£		
Associate 1	£		
Associate 2	£		
Associate 3	£		
Associate 4	£		
Associate 5	£		
Total Due	£		

Monthly Membership (direct debit)

PLEASE COMPLETE AND RETURN ATTACHED DIRECT DEBIT MANDATE

N.B. WE WILL ASSUME IT IS THE PRINCIPLE MEMBER WHO WILL BE PAYING FOR THEMSELVES AND ALL ASSOCIATE MEMBERS. IF THIS IS NOT THE CASE PLEASE REQUEST ADDITIONAL D.D. MANDATES FOR EACH ASSOCIATE WHO IS PAYING FOR THEMSELVES.

Declaration

I/We confirm that I/we have read and understood the Angus Hotel Leisure Club's Terms and Conditions* and will abide by them. I/We have enclosed payment for

Joining Fee	£
Plus Annual Subscription or Completed DD Mandate	£
Signed	
Date:	

* copies available at reception