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SIR CHARLES LUCAS CENTRE FOR SPORT AND ART

MEMBERSHIP APPLICATION FORM

NUMBER í í í í í í í í í
RENEWAL
DATE í í í í í í í í

SURNAME(S): _____

FORENAME(S): _____

TITLE:
(Mr/Mrs/Ms/Miss/Dr etc) _____

SEX: _____

DATE OF BIRTH: _____

ADDRESS: _____

POSTCODE: _____ TEL (HOME): _____

TEL (WORK): _____

TEL (MOBILE): _____

EMAIL: _____

CHILDREN Under 17 (For Family Membership only):

SURNAME:	FORENAME	SEX	DATE OF BIRTH	AGE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

In order to assist in the promotion of future events at the sports centre, please indicate by ticking below, all activities in which yourself (or a member of your family) are interested:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Badminton	Fitness Suite	Boxercise/Aerobics etc	Yoga	Martial arts	Children's activities	
5-a-side Football	Netball	Table Tennis	Basketball	Trampoline	Swimming	

Please make cheques payable to Sir Charles Lucas Sports Centre and return to Sir Charles Lucas Centre for Sport and Art, Hawthorn Avenue, Colchester, Essex, CO4 3JL.

I agree to abide by the rules of the centre, a detailed copy of which is available on request.

Signed: _____ Date: _____

FOR OFFICE USE ONLY:

Date:	M/ship fee:	Joining fee:	Payment Method:	Receipt no:	Initial:
_____	_____	_____	_____	_____	_____