



SPORTS MEMBERSHIP APPLICATION FORM

Please read the following notes before completing this form

Applicants are required to check that all details are correct and that the form is signed and dated. Enter one letter in each box and leave a blank box between any words. Please use **block capitals**.

Please read Leeds Met terms and conditions following: www.leedsmet.ac.uk/sport

Information about you

Title Mr Mrs Miss Ms Other

Payroll N°

First Name

Last Name

Address

Postcode

MONTHLY DEDUCTIONS

Single Cover £10.00

Family Cover £20.83

Declaration

I apply to register my Gym Membership and certify that the details given herein are correct and agree that I shall comply in every respect to the conditions of use as per membership details on website:

www.leedsmet.ac.uk/sport **With immediate effect please deduct the indicated monthly rate deduction from my pay or any subsequent rate which may be introduced in future years (deductions will commence from enrolment date).**

Signature.....

Date.....

Office Use ONLY

Inputted on Advantage by: _____

Print Name: _____ Signature: _____ Date: _____

Site processed at: Headingley Campus/City Campus (please circle)

Processed stamp: