



SPA & GYM MEMBERSHIP APPLICATION FORM

MEMBERSHIP

First Name

Surname

Postcode

Phone Number

Email Address

Date of birth

Car Registration

I confirm that I have read and understood the terms and conditions supplied to me by The Headland Spa.

Signature:

Date:

FOR OFFICE USE ONLY

Today's date:

Method of payment:

Standing Order

Annual payment amount:

Start date of Standing order:

Today's payment:

Method paid by:

Membership number:

Staff name:

Type of membership selected: