

CENTRE MEMBERSHIP APPLICATION FORM



99 Titchfield Street
Kilmarnock KA1 1QY
Telephone (01563) 524014
Fax (01563) 572395

Personal Details (Please complete in block capitals)

	SURNAME	FORENAME	D.O.B.
1			
2			
3			
4			
5			
6			

SIGNATURE:

ADDRESS: TELEPHONE DETAILS
 PHONE NO:
 MOBILE NO:

POSTCODE E-MAIL:

TYPE OF MEMBERSHIP

FAMILY ADULT SENIOR JUNIOR

OFFICIAL USE ONLY	Member No:		DATA PROTECTION	
	Date Processed		Third Party marketing opt out	
	Processed By:		No marketing via:	
	Receipt No:		Mail <input type="checkbox"/>	Telephone <input type="checkbox"/>
	Amount Paid:		Fax <input type="checkbox"/>	E-mail <input type="checkbox"/>

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