## **ENQUIRY FORM**





Date	Time	How did you hear about the Club?		
Surname	Title	Press advert Promotion Web Social media		
First Name		Roadside banner Word of mouth Other		
Address		Deferred by		
		How often would you use the club?		
		What time of day would you use the club?		
	Postcode	— How would you like to be contacted Phone Email		
Home Tel.				
Mobile				
Email				
FOR STAFF USE ONLY				
Appointment		Date		
Staff Name		Reference No.		
Follow ups				
Comments		Staff initials		

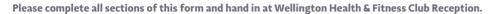
November 2021



wellingtonfitness.co.uk

November 2021

## MEMBERSHIP APPLICATION FORM





MEMBERSHIP CATEGORY F	ıll Under 28 Un	der 18 Country	'	3232
Adult 1		Adult 2		
Surname	Title	Surname		Title
First Name	DOB	First Name	First Name DOB	
Junior under the age of 12				
Surname				
First Name	DOB			
MEMBERSHIP FEES				
Please see our Membership Terms and Conditions. Please make cheques payable to:			Monthly Membership Fee	£
Wellington College Enterprises Ltd	Annual Membership Fee	£		
Membership fees should be paid in	Pro Rata Fee	£		
I/We agree to abide by the conditi Fitness Club as specified in our Me	Total	£		
Members' children receive free me	embership up until their 12th bir	thday.		
Signed				
FOR STAFF USE ONLY				
For administrative purposes, mem	bership information will be sto	red on computer for WHFC use on	ly.	
Date received	Membership No.		Barcode No.	
Date actioned	Date sent		Barcode No	
Wellington Health & Fitness Club · Dukes Ride · Crowthorne · RG45 7PT T: 01344 444245 · E: realtennis@wellingtonfitness.co.uk · www.wellingtonfitness.co.uk Follow us on  wellingtonrealtennisclub  www.realtennis			Wellington College Enterprises Limited Registration Number: 1259773 England VAT Number 200 828401	