

MEMBERSHIP APPLICATION FORM

Please complete ALL SECTIONS of the form

If you require assistance please ask at the centre reception.

Last / Family Name:		First Name:		Title (please select):	
Date of Birth:		Middle/Other Name(s):		Gender:	Office Use Membership No.:
Home (Permanent) Address:			Work (or Term-time) Address:		
Postcode:			Postcode:		
Telephone:			Telephone:		
Mobile Phone:			E-mail Address:		
Twitter Name:			Facebook Name:		
Job Title :		Company/University :		Department :	
University ID No. (if applicable):		ID Barcode No. (if applicable):		ID Card Expiry Date (if applicable) :	

Please tick box if you have a condition that may require you needing additional assistance in the event of an evacuation

- Terms & conditions are available to download at www.cardiff.ac.uk/sport or from Centre Receptions.
- I have read, understand and accept the membership terms & conditions.
- I understand that my details will be entered onto a computerised membership system and that information will be retained in compliance with the Data Protection Act 1998.
- Your details may be used by Cardiff University Sport for internal marketing.
Please tick box if you DO NOT wish to have your details used in this way

Signed: _____ Date: _____