

**ACADEMY OF SPORT
SPORTS CENTRE CASUAL MEMBERSHIP APPLICATION FORM**

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr Other – please state		
First Name		Surname	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth
Age	<input type="checkbox"/> 14 – 16	<input type="checkbox"/> 17 – 25	<input type="checkbox"/> 26 – 35 <input type="checkbox"/> 36 – 45 <input type="checkbox"/> 46 – 55 <input type="checkbox"/> 56 - 65 <input type="checkbox"/> 65+
Address			
Postcode		Telephone	
Email		Mobile	

Please tick ethnic group you most identify yourself with:

White	<input type="checkbox"/> White	<input type="checkbox"/> White British	<input type="checkbox"/> White Irish	<input type="checkbox"/> White Other
Black	<input type="checkbox"/> Black British	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Black African	<input type="checkbox"/> Black Other
Mixed Race	<input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> Other Mixed			
Asian	<input type="checkbox"/> Asian British Bangladeshi	<input type="checkbox"/> Asian Indian Chinese	<input type="checkbox"/> Asian Pakistani Asian Other	<input type="checkbox"/> Asian
	<input type="checkbox"/> Other Ethnic Group (Please Specify).....			

What is your sexuality?

<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Gay man	<input type="checkbox"/> Prefer not to say
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What is your religion?

<input type="checkbox"/> Christian	<input type="checkbox"/> Sikh	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Muslim	<input type="checkbox"/> Hindu
<input type="checkbox"/> Jewish	<input type="checkbox"/> Other (please state)		<input type="checkbox"/> Prefer not to say	

Are you registered Disabled?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prefer not to say
	Disability Number

Please state type:

How did you hear about us?

<input type="checkbox"/> Member referral	<input type="checkbox"/> Advert (where) _____	<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Corporate
<input type="checkbox"/> Promotion (where) _____	<input type="checkbox"/> Other (please state) _____		

I have read the Terms and Conditions of membership. I understand them and agree to abide by them.

Customer Signature		Date:	
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