



*AS PART OF OUR COMMITMENT TO PROMOTE A HEALTHY  
& ACTIVE LIFESTYLE FOR THE 55 PLUS AGE GROUP,  
MARDYKE ARENA UCC OFFERS A UNIQUE MEMBERSHIP  
OPPORTUNITY*

**Over 55 Membership**

€320 – Single Restricted Times  
€590 - Couple Restricted Times  
No Children

**Pensioner (Over 65) Membership**

**Restricted Pensioner Membership**

Single €210  
Couple €350  
No Children

**Unrestricted Pensioner Membership**

Single €280  
Couple €480  
No Children

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|                                |  |                     |
|--------------------------------|--|---------------------|
| <b>Opening Times:</b>          | Monday to Friday                               | 7:00am – 10:30pm    |
|                                | Saturday                                       | 9:00am to 7:00pm    |
|                                | Sunday   | 10:00am to 7:00pm   |
| <b>Restricted usage times:</b> | Monday to Friday                               | 7am – 4pm           |
|                                | Saturday/Sunday                                | No time restriction |
|                                | 1 <sup>st</sup> June – 31 <sup>st</sup> August | No time Restriction |

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## Over 55's / 65's Membership Application Form

### Personal Details

Please print all details clearly

Name: \_\_\_\_\_ M / F                      Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ M / F                      Date of Birth: \_\_\_\_\_

Tel No: \_\_\_\_\_                      Mobile No.: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

### MEMBERSHIP TYPE

(Please Tick Appropriate Box)

|                                  | Single                   | Couple                   |
|----------------------------------|--------------------------|--------------------------|
| <b>OAP Full Membership</b>       | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>OAP Restricted Membership</b> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Over 55 Membership</b>        | <input type="checkbox"/> | <input type="checkbox"/> |

### **MEMBERSHIP PAYMENT OPTIONS**

(Please Tick Appropriate Box)

Cheque                       Credit Card                       Membership Amount: \_\_\_\_\_

**Total Amount Paid:** \_\_\_\_\_

**I have read, understood & agree to comply with the membership terms & Conditions**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Receptionist Initials:** \_\_\_\_\_

Date: \_\_\_\_\_