



## CORPORATE MEMBERSHIP

### Annual Membership

Single Gym & Pool	€595	Couple Gym & Pool	€975
Single Gym or Pool	€440	Couple Gym or Pool	€790

### Direct Debit Continuous Membership

Per Month

Single Gym & Pool	€53	Couple Gym & Pool	€84
Single Gym or Pool	€40	Couple Gym or Pool	€69

\*Please note that with Direct Debit memberships it is necessary to pay the first month of your subscription upfront.

- Family membership (couple) may include two children from the immediate family under the age of 17 at no additional charge.
- Third & subsequent children (under 17) will be charged at a cost of **€60 per child**
- Family membership children between the ages of 17 and 18 years will be charged an annual rate of **€66** Proof of being in full-time education must be provided.
- Family membership children between the ages of 18 and 22 years will be charged an annual rate of **€160**. Proof of being in full-time higher education must be provided.

### MEMBERSHIP ACTIVITY CHARGES

Aerobic Classes	Member	€4.50
	Non-member	€9.00
Squash	Member	€3.50
	Non member	€5.50
Guest:	Adult	€11.00
	Child	€6.50

## Corporate Membership Application Form

### Personal Details

Please print all details clearly

Name: \_\_\_\_\_ M / F

Name: \_\_\_\_\_ M / F

(Couple membership)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

(Child)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

(Child)

Tel No: \_\_\_\_\_

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

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

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

### Work Details:

Company: \_\_\_\_\_ Position: \_\_\_\_\_

### MEMBERSHIP TYPE

(Please Tick Appropriate Box)

	Single	Couple
Full Membership	<input type="checkbox"/>	<input type="checkbox"/>
Pool Only	<input type="checkbox"/>	<input type="checkbox"/>
Gym Only	<input type="checkbox"/>	<input type="checkbox"/>

### MEMBERSHIP PAYMENT OPTIONS

(Please Tick Appropriate Box)

#### Paying in Full

Cheque

Credit Card

Membership Amount: \_\_\_\_\_

Children: \_\_\_\_\_

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

#### Paying by Direct Debit

First payment in

Cheque

Credit Card

First Months Fee: \_\_\_\_\_

Children: \_\_\_\_\_

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

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

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

Date \_\_\_\_\_

Receptionist Initials \_\_\_\_\_

Date \_\_\_\_\_