



PUBLIC MEMBERSHIP RATES

Annual Membership

Single Gym & Pool	€650	Couple Gym & Pool	€1090
Single Gym or Pool	€490	Couple Gym or Pool	€870

Direct Debit Continuous Membership

Per Month

Single Gym & Pool	€58	Couple Gym & Pool	€94
Single Gym or Pool	€43	Couple Gym or Pool	€75

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

- 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.

PUBLIC 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

Public 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: _____

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 _____