



Mardyke Arena
UNIVERSITY COLLEGE CORK

MEMBERSHIP RENEWAL FORM

PLEASE COMPLETE FORM WITH CLEAR DETAILS

PERSONAL DETAILS

Full Name:

Home Address:

Membership No:

Date:

D	D	M	M	Y	Y

RENEW MEMBERSHIP

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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CHANGE MEMBERSHIP TYPE

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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CANCEL MEMBERSHIP

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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MEMBERSHIP DETAILS

Current/Requested Membership Type:

Payment Method:

Children (if applicable):

Notes (Staff
Use Only)

MEMBERSHIP RENEWAL DECLARATION

I confirm that the information provided in this form is true and correct. I declare that I am fit to use the facilities at Mardyke Arena UCC, or I accept full responsibility for using them at my own risk. I indemnify Mardyke Arena UCC and its insurers against any claims arising from injury or medical condition while using the facilities. I agree to abide by the Terms & Conditions of membership, available at www.mardykearena.com under Terms and Conditions Section.

Signature:

Date:

D	D	M	M	Y	Y

Staff Signature:

Date:

D	D	M	M	Y	Y

Data Collection Notice

The data collected in this form is used solely for the purposes stated within this form.

We do not share your information with third-party companies.

For more details, please see our Privacy Policy at: www.mardykearena.com/privacy-policy/