

Annual Membership Registration Form

Start Date		Type	Single / Family	Membership Number	WMK005 _ _ _
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Personal Details

Full Name Male / Female
 Date of Birth

Address

 Postcode

Phone (day) Phone (evening)

Email Phone (mobile)

How did you hear of WakeMK

Emergency Contact Name and Number

Medical Details

Any medical Conditions (details)?

Family Members – must be immediate and current family

1. Name Relationship
 Medical Conditions* Age**

2. Name Relationship
 Medical Conditions* Age**

3. Name Relationship
 Medical Conditions* Age**

Payment Plan

<input type="checkbox"/> <u>12 Month Minimum Contract</u>	<input type="checkbox"/> <u>Single Annual Payment</u>
Joining Fee (£) ...100..... Month 1 Fee (£) (pro rata for first month) Month 2 Fee (£) (if after the 20 th day of the month) Total To Pay Now (£) Payment Method (Cash : Cheque : CC/DC : Other)	Joining Fee (£) ...100..... Annual Upfront (£) Total To Pay Now (£) Payment Method (Cash : Cheque : CC/DC : Other)

OFFICE USE ONLY

Completed T&Cs DDM Done DDM Copied Paid Updated ACT! Accounts



Direct Debit Amount (£) X _____ Payments DDM Start Date ..05.. /..... /..... DDM Reference ...WMK005 _ _ _ ... (membership num.)	
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Payments and Confirmation

I have read and fully understand and all relevant WakeMK terms and conditions and agree to abide by them. I understand that Annual Memberships run for a full 12 months and cannot be cancelled in the first 12 months.

Customer's Signature Print Name

..... Date

(by Parent or Guardian if under 16)

OPTIONAL - BWSF MEMBERSHIP: PLEASE COMPLETE BWSF MEMBERSHIP FORM AND ENCLOSE REMITTANCE

12 Month Annual Payment Plan Declaration, and Alternative Collection Method

I understand that WakeMK's annual payment plan by direct debit offers me the benefit of spreading the price of the annual membership over 12 months, and that if WakeMK is unable to collect payment by the direct debit facility then I hereby authorise WakeMK to collect the due payments or full balance (at WakeMK's discretion) from my credit card or debit card, the details of which are provided for this purpose below:

Name on Card Card Type (e.g. Visa,

Maestro, etc)

Card Number

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Security Code (last three digits on reverse) Valid from To

..... Issue

Signed (Cardholder)

Date

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