

MEMBERSHIP APPLICATION FORM



Please write in block capitals

Surname	Postcode
Title	House N°
Forename	Address
Date of Birth
Tel: (Home)
Tel: (Mobile)
Email	Town
Occupation	County

Signature

Date

We require information, which identifies you as an individual ("Personal Information"), such as your name and address, in order to maintain your membership.

We may on occasion make use of personal information that we may collect for marketing purposes.

If you are happy for us to make use of your Personal Information and **wish to receive free vouchers**:

Please tick this box

We may from time to time send an email with **discounted promotional offers**. If you are happy to receive these communications and offers:

Please tick this box

Except to the extent we are required to do so by law, we will not disclose your Personal Information to any other party without having first obtained your permission. Under the Data Protection Act 1998 ("DPA1998") individuals have what is known as a "subject access right". This entitles you to request copies of all Personal Information we hold about you. Should you wish to make such a request, please write to:

The Data Protection Office, Q-Leisure Ltd, 171 Belgrave Gate, Leicester, LE1 3HS.

We are entitled to, under the DPA1998, and may choose to charge you a fee to process your request.

If you find any Personal Information we hold about you to be incorrect, you are entitled to ask us to correct it. You can ask at any time to delete any Personal Information we hold about you on our database. (This may affect your membership)

We will take reasonable precautions to prevent the loss, misuse or alteration of your Personal Information. Employees of Q-Leisure Ltd may be given access to any Personal Information which we collect, but their use shall be limited to the performance of their duties in relation to your membership. Q-Leisure employees who have access to your Personal Information are required to keep that information confidential and are not permitted to use it for any purpose other than to maintain your membership or to deal with the requests for which you provided us with your personal details.

Signature

OFFICE USE ONLY

Membership N°

Expiry Date

Staff Name

Amount Paid

Membership Type

Full	<input type="checkbox"/>	Student	<input type="checkbox"/>
Junior	<input type="checkbox"/>	Corporate	<input type="checkbox"/>
Other	<input type="checkbox"/>		