



THE KING'S SCHOOL RECREATION CENTRE

MEMBERSHIP APPLICATION FORM

Please complete the form and return to the address below together with your remittance*. If paying by cheque please make payable to **The King's School Canterbury**. You will then be issued with a membership card at reception which will allow you to use the centre immediately.

*please refer to current Membership rate leaflet for current rates

N.B. Membership is subject to availability. Applications will be dealt with in order of receipt.

Please tick the type of membership required (**Child = from age 4; Adult = from age 16; OAP = from age 65):

SILVER	GOLD/PLATINUM (delete as appropriate)
ADULT <input type="checkbox"/>	ADULT <input type="checkbox"/>
SINGLE PARENT FAMILY <input type="checkbox"/>	COUPLE <input type="checkbox"/>
STUDENT <input type="checkbox"/>	SINGLE PARENT FAMILY <input type="checkbox"/>
CHILD** <input type="checkbox"/>	CHILD** <input type="checkbox"/>
FAMILY** <input type="checkbox"/>	FAMILY** <input type="checkbox"/>
OAP/DISABLED <input type="checkbox"/>	OAP/DISABLED/STUDENT <input type="checkbox"/>

Please tick if you are applying for the following membership:

Pupil Staff OKS Parent Corporate

For corporate members only (proof of employment must be shown):-

I am an employee of:

WHERE DID YOU HEAR ABOUT THE CENTRE?
Please tick appropriate Box:

Friend/Relative Media School Promotion
 Other-please specify Current Member

FOR OFFICE USE ONLY

DATE	AMOUNT	FREQUENCY	RECEIPT No.	EXPIRY DATE	COMPLETED BY

The King's School Recreation Centre 1 St. Stephens Road Canterbury Kent CT2 7HU
Telephone: 01227 595602

Please complete in **Block capitals**.

(This information will be held on computer for Centre operational purposes only)

SURNAME TITLE

FORENAMES

ADDRESS

.....Postcode

E-MAIL ADDRESS

TELEPHONE (home) (work)

DATE OF BIRTH SEX: M F

OCCUPATION COMPANY

If applying for Family Membership please complete the following:

SPOUSE'S FULL NAME

DATE OF BIRTH

OCCUPATION COMPANY

CHILDREN AGED 4 to 15

FORENAMES D.O.B

FORENAMES D.O.B

I/We hereby apply for Membership of the King's School Recreation Centre.

I/We have read the Centre Rules and Regulations and agree to be bound there-
by.

.....
Signature of Principal Applicant

.....
Signature of Spouse

Date

The King's School Recreation Centre
1 St. Stephens Road
Canterbury Kent CT2 7HU
Telephone: 01227 595602
Email: info@kingsrecreation.co.uk
Web: www.kingsrecreation.co.uk