

# APPLICATION FORM

## PART 1 – your details

Please fill in this form.

Title	<input type="text"/>	Surname	<input type="text"/>
First name(s)	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Phone number	<input type="text"/>		
Email address	<input type="text"/>		
Date of birth	<input type="text"/>		

Which membership type are you applying for (please tick)

- Gold       Silver       Blue       Adv+       Adv  
 Over 65

How will you pay? (please tick)

- Monthly DD       Monthly cash       Annually       pay&play card

If you applying for more than one card from your bank account, please fill in a form for each adult or child, and add their details here:

Additional names	Date of birth	Membership type
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## FOR OFFICE USE ONLY

Card number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family Card 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family Card 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family Card 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Active Intro complete	<input type="checkbox"/>					

Receptionist's name

Gym staff name

£  Pro rata

£  Joining Fee

£  TOTAL

Date

## Part 2 – Equalities questionnaire

Haringey Council is committed to equal opportunities. Please help us improve our service by filling in the details below. This information is kept confidential and will only be used to help us improve our sports and leisure services. Your details will not be shared with any third party.

**1. Are you?**  Male  Female

**2. Are you?**  Haringey resident  Visiting Haringey  Other (please specify)  
 Under 18  18-34  35-50  51-65  Over 65

**3. Please indicate your occupation**

Managerial (eg. Managers, Teachers)  Partly Skilled (eg. Warehousemen, Security Guards)  
 Professional (eg. Doctors, Engineers)  Retired  Skilled - non-manual (eg. Clerks, Cashiers)  
 Skilled - manual (eg. Carpenters, Van Drivers)  Students  Unemployed  Unskilled (eg. Labourers)

**4. Do you consider yourself to have a disability?**  Yes  No

Are you registered Disabled?  Yes  No

If so, what disability or impairment do you have?

Health  Hearing  Learning difficulty  Physical  Speech  Visual

**5. Please indicate your ethnic origin**

**Asian or Asian  
British**

Bangladeshi  
 Pakistani  
 Indian  
 Other Asian  
 East African  
Asian  
 Arabic

**Black or Black  
British African**

Caribbean  
 Other black

**Chinese or  
other group**

Chinese  
 Other  
Please State

**Mixed**

Other mixed  
 Mixed white &  
Asian  
 Mixed white &  
Black African  
 Mixed white &  
Black Caribbean

**White**

British  
 Greek Cypriot  
 Irish  
 Kurdish  
 Other  
 Turkish

**6. How did you hear about us?**

Friends/Family  Phone  Direct Mail  Haringey People  Leaflet

Banner  Newspaper  Other (please detail)

The information you provide as part of this application will be held in accordance with the Data Protection Act 1998 for the purpose of administering the active card membership scheme and may be used to send information regarding your membership or the scheme's products, partners & associates. We undertake not to transfer or exchange any such information with other agencies.

### YOUR SIGNATURE

I/we wish to apply for membership of Haringey Council's Active card scheme. I/We agree to pay the fees as necessary. I/we have read the terms and conditions of membership set out and the terms of use of the Leisure Centres and agree to abide by them. Please ensure you have completed and signed your application, and return it to a leisure centre reception. If you have ticked any discount options please bring the relevant supporting documents.

Date:

Signature:

Print name:

UNDER 16'S – PARENT/CARER PLEASE  
INSERT YOUR NAME, SIGN AND DATE.

# LONDON BOROUGH OF HARINGEY

## INSTRUCTION TO YOUR BANK or BUILDING SOCIETY TO PAY BY DIRECT DEBITS

Please fill in the whole form and send it to:

HARINGEY LEISURE, Tottenham Green Leisure Centre, Admin Office, 1 Philip Lane,  
London N15 4JA

### Name and full postal address of your Bank or Building Society

To: The Manager

Bank/Building Society


Address

Postcode

### Name(s) of Account Holder(s)

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### Bank Sort Code

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### Bank /Building Society account number

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Originator's Identification Number

9	9	2	3	5	7
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Reference

To be completed by Haringey Leisure

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### Instruction to your Bank or Building Society

Please pay the London Borough of Haringey Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with the London Borough of Haringey and, if so, details will be passed electronically to my Bank / Building Society.

Date

Signature

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Please note that Banks and Building Societies may not accept Direct Debit instructions from some types of account.

