

Club Minella

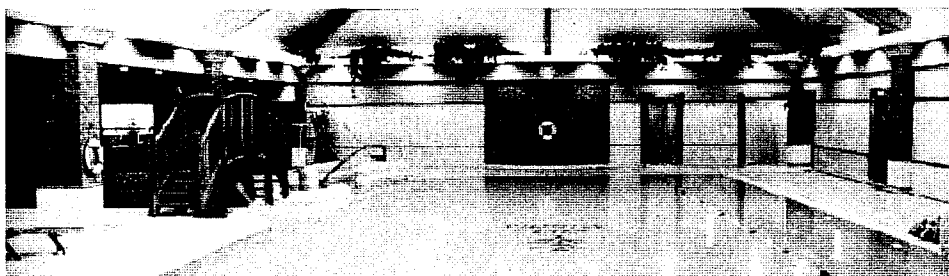
HEALTH & FITNESS

COLEVILLE ROAD

CLONMEL

TEL.: (052) 6180088

FAX: (052) 6188611 / 6180099



Membership 2016

Surname : _____

First Name(s) : _____ Date of Birth : _____

_____ Date of Birth : _____

Children : _____ Date of Birth : _____

_____ Date of Birth : _____

_____ Date of Birth : _____

_____ Date of Birth : _____

Address : _____

Telephone : _____

Company : _____ Telephone : _____

MEMBERSHIP TYPE & FEES

<input type="checkbox"/>	SINGLE	€530 annual fee
<input type="checkbox"/>	SINGLE via installments	€100 x 6
<input type="checkbox"/>	COUPLE	€1000 annual fee
<input type="checkbox"/>	COUPLE via installments	€1100/(€220 x 5)
<input type="checkbox"/>	FAMILY*	€1,200 annual fee
* COUPLE PLUS TWO CHILDREN UNDER 16, EVERY ADDITIONAL CHILD UNDER 16 PAYS €100		
<input type="checkbox"/>	FAMILY via installments	€1200 (€240 x 5)
<input type="checkbox"/>	YOUTH 16 – under 18 years	€350 annual fee
<input type="checkbox"/>	MINOR 10 – under 16 years	€195 annual fee
<input type="checkbox"/>	JUNIOR 4 – under 10 years	€170 annual fee

I confirm that I have read and will abide by the rules, and have no medical history / condition that may interfere with my use of the club.

Signed : _____ Date : _____

I wish to pay by installments Total Amount: € _____

Amount per Installment € _____ Date Installment to be taken: _____

No. of Installments: _____ Months in which Installment Taken _____

Credit Card Type : _____ Exp. _____

No. :

Signed : _____