

DESFORD SWIM

VISITOR ENQUIRY/MEMBERSHIP APPLICATION

(All information is treated in strictest confidence)

First Applicant

Name: _____ Tel: _____

Email: _____ Mob: _____

Address _____

_____ Postcode _____

CCBN Member YES/NO CCBN Number _____

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### Second Applicant

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Email: \_\_\_\_\_ Mob: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

CCBN Member YES/NO      CCBN Number \_\_\_\_\_

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Do you want to bring children to Desford Swim?

Name: _____ Name: _____

Name: _____ Name: _____

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How did you find out about the club? \_\_\_\_\_

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Signed _____ Dated _____

Signed _____ Dated _____

The above information will only be used with regards to the Club and no other purposes.

FOR CLUB USE ONLY

ID seen: Yes/No – Which: _____ Ref: _____

ID seen by: _____ Facilities shown by: _____

Date: _____

DESFORD SWIM

FOR CLUB USE ONLY

1st Visit- Date: _____

Comments:

Met with: _____

2nd Visit- Date: _____

Comments:

Met with: _____

3rd Visit- Date: _____

Comments:

Met with: _____

Assessment:

Requested to Join the Club YES / NO Date: _____

Application Received Date _____ Membership Accepted/Declined: _____

Membership Paid Date: _____ Membership Card Issued: _____