

## Alexandra Pool Membership Form

### Customer Membership Information – One form per member

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female: (Please circle one)

Postal Address: \_\_\_\_\_

Town: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Emergency Contact Person Information:

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Do you have a medical condition, disability or an allergy we should be aware of, e.g. diabetes, asthma, angina, latex, peanut's.**

Diabetes  Asthma  Blood Pressure  Epilepsy  Arthritis  Heart Disease  Anaphylaxis

Other: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

All information supplied is held by CODC for the sole purpose of membership records and service; it may be disclosed to Emergency Response Personnel if in the event that you require their assistance. Please advise pool staff should the details above change or if medical conditions exist that could require special attention by our staff.

Signature of New Member: \_\_\_\_\_ Date:     /     /20\_\_\_\_  
or (guardian/parent if under 18 years)

Guardian/Parent Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Town: \_\_\_\_\_ Post Code: \_\_\_\_\_

**I have read the terms and conditions**

Staff to complete: Envibe Membership number: \_\_\_\_\_ Date of Purchase     /     /20\_\_\_\_

Sold by Staff (Name): \_\_\_\_\_ What was Purchased: \_\_\_\_\_

Payment Type: EFTPOS, Cash, Direct Debit, Credit Card (Please circle one).

Information added in Envibe by: \_\_\_\_\_ Update of information only Yes  No