Prested Hall

CLUB

memberships@prested.com

01376 573399

FULL MEMBERSHIP of The Club includes unlimited use of the pool, gym, sauna, steam- room andfree use of the lawn tennis courts as well as a variety of fitness classes. Relevant court fees apply to Padel.

Door Card & ClubLink App access £10.00pp

PLATINUM MEMBERSHIPS		
ADULT	**COUPLE**	**SENIOR/STUDENT**
£680.40 (10% discount applied) annual fee **4 X Guest Pass**	**£1134.00 (10% discount applied) annual fee** **4 X Guest Pass**	**£432.00 (10% discount applied) annual fee** **4 X Guest Pass**

GOLD MEMBERSHIPS		
ADULT	**COUPLE**	**SENIOR/STUDENT**
£359.10 (5% discount applied) Six month fee **2 X Guest Pass**	**£598.50 (5% discount applied) Six month fee** **2 X Guest Pass**	**£228.00 (5% discount applied) Six month fee** **2 X Guest Pass**

SILVER MEMBERSHIPS			
ADULT	**COUPLE**	**SENIOR/STUDENT**	**TENNIS ONLY**
£63 **1 X Guest Pass**	**£105** **1 X Guest Pass**	**£40.00** **1 X Guest Pass**	**£15**

MEMBER'SDETAILS

FIRSTNAME …… SURNAME ……

ADDRESS: ……

POSTCODE: …… D.O.B: ……

EMAIL: …… DAYTIME TEL: ……

MEMBERSHIP NUMBER: ……

EMERGENCY CONTACT: NAME…….. NUMBER……

Additionaljoiners:

NAME ……D.O.B ……..TEL : ……MEM NO: ……

Email : ……..

MEMBERSHIP PAYMENTS

Member's name: ……

I/we hereby apply for a …… …….…… membership to Prested Hall Health Club.

The joining fees are: £ …… + …… and the membership fee is: £……..

I have made the first payment of £……

Any cheques should be made payable to – PHHC LTD. Anyone joining after the 27thof the month should please put the 27th on their standing order to ensure payment is received during the relevant month.

If joining under a student rate I/we undertake to advise Prested Hall Health Club (PHHC) immediately should my/our circumstance change, and to vary the payments thereafter. If joining with a Blue Light discount, 15% will be applied to the full membership rate. I accept that it is my responsibility to cancel my standing order should I wish to cancel my membership, as PHHC is not able to cancel this payment. I/we confirm that we have fully informed PHHC of all/any medical conditions that might put me/us at risk, and accept that the pool is not always and does not need to always be life guarded. I/we acknowledge that I/we use the facilities entirely at my/our own risk. Should the Joiner need to suspend their standing order due to illness or injury, PHHC will require a Doctor's certificate. This is possible for a minimum of one and maximum of three months, after which the membership will lapse. No refunds for unused memberships will be made under any circumstances. Perks offered like F&B and SPA discounts can be withdrawn by the management at anytime. Terms and Conditions apply to the booking and usage of all membership perks. See our website or speak to a member of staff for more information.

PHHC would like to contact you about your membership as well as products, Services and offers that we think you will find interesting. Please tick if you'd like to hear from us by:

□Email □Text □Post □I do not wish to be contacted

Signed: …… Date: ……