

Please use **BLOCK CAPITALS**

Subscription Holder

Title:	Full Name:		
Address:			
Postcode:		Date of Birth:	
Tel No: (H)	(W)	(M)	
*Email:			

***Must complete this box.** All correspondence will be sent by electronic mail - please ensure this is a trusted e-mail address.

Direct Debit Payer – please note, a **Direct Debit Instruction** must also be completed.

Are the Direct Debit payments to be made by the Subscription Holder? Yes No

If NO, please provide payer details below:-

Title:	Full Name:		
Address:			
Postcode:		Date of Birth:	
Tel No: (H)	(W)	(M)	
* Email:			

***Must complete this box.** All correspondence will be sent by electronic mail - please ensure this is a trusted e-mail address.

I consent that Shetland Recreational Trust may also, at its own discretion, advise the Subscription Holder regarding Direct Debit Advance Notice and Payments

Signature: _____ Date: _____

Subscription Details

Subscription Start Date: _____

	Aqua	Bronze	Silver	Gold	Aqua	Bronze	Silver	Gold
	Swim	Health Suite & Swim	Clickimin Gym	Clickimin Gym Group Fitness Classes Health Suite & Swim	Swim	Steam & Swim	Gym	Gym Group Fitness Classes Steam & Swim
Standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RURAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corporate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Corporate Scheme Only - Employer Name: _____

Shetland Recreational Trust will hold the information you give us for the purpose of administering your Leisure Subscription in compliance with the General Data Protection Regulation (GDPR).

For Office Use

MRM Member ID: _____ SRT Site ID: _____

Direct Debit Payer Validation - one document in each list must be provided:

a. Identity: Energy Bill Driving Licence Passport Bank Card Bank Statement

b. Address: Energy Bill Driving Licence Bank Statement

c. Signature: Driving Licence Passport Bank Card

d. Account Details: Bank Card Cheque Book Bank Statement On-line Banking Statement

Leisure Subscription Terms & Conditions Issued Direct Debit Guarantee Issued

Processed by (print employee name): _____

