

How did you find out about us? Website Passing Friend Work Social Media Window Poster

Other

1. Mr. Miss. Mrs. Ms. Dr. Prof.

Forename Surname

* If renewing, please only complete if any of this information has changed.

* Home Address

* Date Of Birth / / Contact Number

* Email Address

* Emergency Contact Contact Number

Company name:

2. Child Details 1 (if applicable)

Forename

Surname

DOB / /

Child Details 2

Forename

Surname

DOB / /

Child Details 3

Forename

Surname

DOB / /

3. Membership Details

Staff Student Alumni Staff/ Student No.

Public Corporate Company Name: Other:

4. Membership Extras

Annual Class Pass - €150 (Please note payment is required in full at time of booking) Yes No

Annual Locker Hire - Yes No Total = €

5. Payment Method

A. Cash Card Direct Debit Cheque (Payable to TCD No.1 Account) TCard

Salary Deduction (TCD Staff Only) Weekly Paid Monthly Paid

B. By availing of a monthly payment plan, I am aware that this is a rolling monthly membership with a minimum contract period of 12 months Initials

I understand the my monthly debits will be € per month Initials

I have read the Trinity Sport terms and conditions of membership stated on the TCD Sport website and agree to comply with them. Signature:

Office Use

Account Number Membership Type:

Joining Fee € Membership Fee Renewal Yes No Annual Class Fee €

Staff Name Date Membership Start Date

(if different)