

**REGISTRATION CARD APPLICATION FORM**

Are you eligible for concessionary rates?     Yes     No    If yes, please indicate:

- Over 60 (*eligibility check – at registration only*)
- In full-time education (*eligibility check – 3 monthly*)
- In receipt of disability benefit (*eligibility check – 3 monthly*)
- In receipt of income support, job seekers allowance or housing benefit (*eligibility 3 monthly check*)

Title      Male     Female    Card No:

Surname

Address

Forename(s)

Town/Parish:   
 County:   
 Postcode:

Date Of Birth    ..... / ..... / .....

Mobile No

E-mail

Tel (home)

Tel (work)

How would you like us to contact you? Please indicate your preferred method (please rank from 1 – 3):

Letter \_\_\_\_\_    E-mail \_\_\_\_\_    Text Message \_\_\_\_\_

Emergency Contact 

Name	Tel No:
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Please indicate below whether you wish to receive information regarding:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Activities/Courses (1)</li> <li><input type="checkbox"/> Adult Arts Courses (2)</li> <li><input type="checkbox"/> Cinema (3)</li> <li><input type="checkbox"/> Conference &amp; Meeting Facilities (4)</li> <li><input type="checkbox"/> Exercise Zone (5)</li> <li><input type="checkbox"/> Fitness Zone (6)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Health Zone (7)</li> <li><input type="checkbox"/> Local Promotions (8)</li> <li><input type="checkbox"/> Parties (9)</li> <li><input type="checkbox"/> Soft Play Area (10)</li> <li><input type="checkbox"/> Special Events (11)</li> </ul> |
|--|---|

Have you completed a Fitness Consultation (induction)?     Yes     No

Are you a registered sunbed user?     Yes     No

Have you completed a Soulisquoy Print Studio induction?     Yes     No

If yes, what type of membership do you have:

- Annual     Quarterly     Monthly     Weekly     None

Do you wish to register junior members of your household? Registration will allow you to reserve places for them on junior activities and courses.

Title:	Forename:	Surname:
Date Of Birth: / /		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Guardian Details Added: <input type="checkbox"/>	Office Use Only: Membership No: _____	

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Date Of Birth: / /		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Guardian Details Added: <input type="checkbox"/>	Office Use Only: Membership No: _____	

The Pickaquoq Centre operates a Membership Card scheme for the benefit of its customers. There is no charge for this service and becoming a Membership Card holder affords the following benefits:

- You will be able to book activities a full ten days in advance.
- You may cancel any booking as long as you give at least 24 hours notice.  
(If we receive less than 24 hours notice, we will send you notification of the amount due which should be paid immediately. Non payment will result in future booking requests being denied).
- Membership Cards are non transferable and may not be used by any other person. Children may be registered and will be issued with their own Membership Card number. Places on children's courses and activities must be paid for at time of booking.
- You are requested to notify us of a change of name and address as soon as possible.
- You will only receive updates on promotions and activities taking place in the Centre for which you have expressed an interest.
- A charge of £5 may be made for the replacement of lost cards.
- Terms & Conditions Of Use are displayed in the Reception Area.

I wish to become a Membership Cardholder at The Pickaquoq Centre and agree to abide by the conditions of use at the Centre including the rules of the Membership Card scheme.

Signed: \_\_\_\_\_ Date ..... / ..... / .....

- The Pickaquoq Centre Trust will retain the above information to improve and evaluate the service we offer our customers.

**The Pickaquoq Centre, Muddisdale Road, Kirkwall, KW15 1LR • Tel: 01856 879900 • Fax: 01856 879901**