

MEMORIAL SPORTS CENTRE

MEMBERSHIP RENEWAL APPLICATION FORM

NAME: _____

ADDRESS: _____

POSTAL CODE: _____

PHONE #: _____

MEMBERSHIPS:

CHILD: _____ YEARLY

STUDENT: _____ 1 MONTH _____ 6 MONTHS _____ 1 YEAR

ADULT: _____ 1 MONTH _____ 6 MONTHS _____ 1 YEAR

SENIOR: _____ 1 MONTH _____ 6 MONTHS _____ 1 YEAR

FAMILY: _____ YEARLY

PAYMENT OPTIONS:

VISA #: _____ EXPIRY DATE: _____

M/C #: _____ EXPIRY DATE: _____

CHEQUE: _____ AMOUNT ENCLOSED

PRE AUTHORIZED DEBIT: _____ MONTHLY AMOUNT _____

THIS WILL AUTOMATICALLY CONTINUE FOR 12 MONTHS.

START DATE: _____ MEMBERSHIP # _____

**IF BANKING OR ANY OTHER INFORMATION HAS CHANGED, YOU MUST
FILL OUT A NEW PRE AUTHORIZED FORM AT THE MEMORIAL SPORTS
CENTRE.**

(CUSTOMER SIGNATURE)

