



# ROBERT LOWE SPORTS CENTRE MEMBERSHIP FORM

PLEASE USE BLOCK CAPITALS

Title \_\_\_\_\_ Surname \_\_\_\_\_

First Name(s) \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email

Please tick the box if you do NOT wish to receive email updates about the services we offer.

Emergency Contacts Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_

## Membership Category (Please refer to membership category form)

Indicate category of membership A - H \_\_\_\_\_

I have read and fully agree to the Robert Lowe Sports Centre terms and conditions. I confirm that I am eligible for membership as defined by SGUL membership criteria. I understand that failure to cooperate with all terms and conditions may result in St George's, University of London revoking my membership and all associated activities at any time. I understand that I use the Sports Centre at my own risk.

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

## For Office Use Only

Membership Number \_\_\_\_\_ Category \_\_\_\_\_

Membership Period: Start Date \_\_\_\_ / \_\_\_\_ /20\_\_\_\_ Expires Date \_\_\_\_ / \_\_\_\_ /20\_\_\_\_

Membership Term:  1 Month  3 Months  6 Months  12 Months

Payment Method:  Salary Ded  Cheque

Credit Card  Cash

Amount Paid £

Staff Name \_\_\_\_\_ Date \_\_\_\_\_

Staff Notes

The Robert Lowe Sports Centre St George's,  
Cranmer Terrace, London SW17 0RE

Tel 020 8725 2662

www.robertlowe.sgul.ac.uk

