



## SWIM ODIHAM MEMBERSHIP APPLICATION FORM

SERVING PERSONNEL DETAILS			
Surname:			Rank:
First Name:			Service No:
Place of Work:			Contact No:
Type and length of membership applying for: (please check boxes)			
<b>Serving Family Membership</b> Spouse + Children under 5 <input type="checkbox"/>		<b>Serving Family Membership Plus</b> Spouse + 4 Children (5 - 21) <input type="checkbox"/>	
6 Months	Annual	6 Months	Annual
£35 <input type="checkbox"/>	£70 <input type="checkbox"/>	£45 <input type="checkbox"/>	£90 <input type="checkbox"/>
<b>Terms of Membership</b> <ol style="list-style-type: none"> <li>1. All Members must abide by the conditions of entry and follow ALL instructions from the lifeguards who will be acting in the interest of your safety.</li> <li>2. The Membership Card allows all entitled personnel to use the swimming pool facilities, valid ID must be presented along with the card.</li> <li>3. The membership card remains the property of RAF Odiham "SwimOdiham" Swimming Pool and the management may (without prejudice to their rights and remedies in respect of anything previously done) revoke membership or retain the card forthwith at any time without prior notice or reason for such action.</li> </ol>			
Serving Personnel Signature:		Date:	

**Payment may be made at reception by card, cash or cheque payable to 'SERVICE FUNDS RAF ODIHAM'**

Official Use Only (PLEASE KEEP A RECEIPT)					
ID Checked	Type	Type	Payment Type	Card	Cash
MOD Form 90	Family	Family Plus	Staff Name:		
MOD Dependants Pass	6 Month	6 Month	Staff Signature:		
	£35	£45	<b>Membership Number:</b>		
Annual	Annual				
	£70	£90			
				Expiry Date:	