HURRICANE ROOM

# Membership Application Form

COMPLETE IN BLOCK CAPITALS

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Master (Tick box) Date of Birth D D M M Y Y Y Y

Forename/s

Surname

Mobile

Home Tel No.

Email

Corporate Members must complete Employer Occupation

**OFFERS AND DEALS** for our valued members – Please note by providing your email address and or mobile phone number, you are giving Hurricane Room permission to contact you by email or text with updates, news and special offers
Please tick the box if you do not want to receive special offers, discounts and other marketing news from Hurricane Room by mail. ☐

## Permanent Home Address or Term Time Address if a Student

Postcode

Flat No.

House No.

House Name

Address

Town/City

County

**What is your favourite activity?** (Please tick the appropriate box) SNOOKER ☐ AMERICAN POOL ☐ ENGLISH POOL ☐ GAMING MACHINES ☐ POKER ☐

**How did you hear about Hurricane Room?**

From time to time we may share your address and phone deatils for mailings and telemarketing purposes with partner companies and carefully selected 3rd parties. Please tick the box if you are not happy to receive these offers. ☐

For full dada protection and membership details see **www.hurricaneroom.co.uk**

**Signature** **Date**

I declare thet the information given on this form is correct to the best of my knowledge, in the event of any change of information I will inform you as soon as practical. Membership cards must be presented to gain entry.

## FOR OFFICE USE ONLY

**Membership Number** **Amount Paid** £ **Staff Name**

Expiry Date Comments

Unit/Location

Proof of Age ☐ (Tick box) Student ID ☐ (Tick box) Source Code

**Membership Type** **Full** ☐ **Student** ☐ **Under 18** ☐ **Senior Citizen** ☐ **Corporate** ☐ **Other** ☐