



RHONDDA CYNON TAF
LEISURE FOR LIFE CORPORATE MEMBERSHIP
Application Form

If A Partner Only Application ☐ (please tick)

Part 1 – Employee details

Title Date of Birth/...../.....
 Surname Forename(s).....
 Address
 Postcode.....
 Home Tel No: Mobile No
 E-mail

If you are a current Leisure for Life card holder, please insert card number below

.....
 I would like to receive further information on services and promotions from Rhondda Cynon Taf
 Leisure Parks & Countryside. **(Please tick all that apply)**

By Text ☐
 By E-mail ☐
 By Post ☐

I have read, understood and agree to abide by the terms and conditions of the corporate
 Leisure for Life membership scheme as indicated in the attached terms and conditions

Please tick the preferred payment Option

I wish to pay a one off fee of £282.50 for the full 12 month Leisure for Life Corporate
 Membership ☐

Or

I authorise the deduction of 12 monthly payments of £ 28.50 on 24th of each month
 via a Direct Debit in respect of my Leisure for Life Corporate Membership. ☐

(A DDi will need to be completed for this payment option)

(If partner only application please strike out payment options and sign below)

Signature of applicant (employee).....

Proof of Employment attached

Photocopy of either photo ID ☐ or Recent pay slip ☐
 (please tick one and attached to application)

Preferred Leisure Centre:.....

REF: Cardiff and Vale

Membership NoDate Issued



RHONDDA CYNON TAF

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Part 2 – Partners details

Title Date of Birth/...../.....

Surname Forename(s).....

Home Tel No: Mobile No

E-mail

If you are a current Leisure for Life holder, please insert card number here

.....

I would like to receive further information on services and promotions from Rhondda Cynon Taf Leisure Parks & Countryside. **(Please tick all that apply)**

By Text ☐

By E-mail ☐

By Post ☐

I have read, and agree to abide by the terms and conditions of the corporate Leisure for Life membership scheme as applicable to me as the partner as indicated in the attached terms and conditions

Signature of Partner

For The employee only

Please tick the preferred payment Option

I wish to pay a one off fee of £282.50 for the full 12 month Leisure for Life Corporate Membership ☐

Or

I authorise the deduction of 12 monthly payments of £ 28.50 on 24th of each month via a Direct Debit payment in respect of my partners Leisure for Life Corporate Membership. ☐

(A DDi will need to be completed for this payment option)

Signature of employee

REF: Cardiff and Vale

Membership NoDate Issued