

**Club Minella**  
**HEALTH & FITNESS**  
**Colville Road**  
**Clonmel**



TEL:(052)6180088 EMAIL clubminella@hotelminella.ie

**Membership 2021**

Surname : \_\_\_\_\_

First Name(s) : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

\_\_\_\_\_ Date of Birth : \_\_\_\_\_

Children : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

\_\_\_\_\_ Date of Birth : \_\_\_\_\_

\_\_\_\_\_ Date of Birth : \_\_\_\_\_

\_\_\_\_\_ Date of Birth : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

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

E mail address : \_\_\_\_\_ Telephone : \_\_\_\_\_

**MEMBERSHIP TYPE & FEES**

Single	€650 annual fee (€140 x 5 via instalments)	
Single 60+	€600	
Couple	€1050 annual fee	
Couple via instalments	€1200 (€240 x 5 via instalments)	
Family (two adults two children u16)	€1400 (€280 x 5 via instalments)	
*Any additional child under 16 pays €100		
Youth (16-18)	€350	

**I confirm that I have read and will abide by the rules, and have no medical history / condition that may interfere with my use of the club.**

Signed : \_\_\_\_\_ Date : \_\_\_\_\_

I wish to pay by installments : \_\_\_\_\_ Total Amount: € \_\_\_\_\_

Amount per Installment € \_\_\_\_\_ Date Installment to be taken: \_\_\_\_\_

No. of Installments: \_\_\_\_\_ Months in which Installment Taken \_\_\_\_\_

Card No. :

Credit Card Type : \_\_\_\_\_ Expiry date : \_\_\_\_\_

Signed : \_\_\_\_\_ Date : \_\_\_\_\_