

ASSOCIATE MEMBERSHIP OF HASSRA LEEDS - APPLICATION FORM

LEE No:

Section 1-Associate Membership Type (See notes)		(Please tick)	
<input type="checkbox"/>	member of another HASSRA club (Type 1)	<input type="checkbox"/>	Family/friend of HASSRA Leeds Member (Type 2) -
<input type="checkbox"/>	Annual Fee: - £5	<input type="checkbox"/>	Annual Fee: - Adult £33; Child £5 (children are under 16 years of age)
<input type="checkbox"/>		<input type="checkbox"/>	Employee of an organisation on the nominated list (Type 3)
<input type="checkbox"/>		<input type="checkbox"/>	Annual Fee: - £33

Section 2- Personal Details (ALL)	Please complete using BLOCK CAPITALS
Title	
Surname/Family Name	
First Name(s)/Forenames(s)	
Date of Birth	
Home Address	
Post Code	
Personal email address *(see note)	
Contact Nos: state (H) or Mob)	
Note: For Child memberships the sponsor email/contact numbers details should be entered.	

Section 3 - Type 1 applicants only	Please complete using BLOCK CAPITALS
Work Location(office name and section/division)	
Official Courier Address	
Work email	
Work contact No	
Your HASSRA club/Region name	
Your National HASSRA No	
The name of your club secretary	

Section 4 - Sponsor Details for Type 2 applicants only	Please complete using BLOCK CAPITALS
State Applicant's relationship to sponsor	
See Notes 2.2 & 2.3 * Mandatory details	
Sponsor Surname/Family Name*	
Sponsor First Name(s)/Forenames(s)*	
Sponsor's work location *	
Sponsor's email address*	
Sponsor's official location address*	

Sponsor's official contact No *

Note:Sponsors who are retired should state "Retired" after their Surname/Family Name and complete showing their Previous Department and last work location was e.g. "DWP, Room 3S25 Quarry House" Retired Sponsors should also provide their own email and contact address on the application

Section 5 - Type 3 applicants only

Please complete using BLOCK CAPITALS

State the name of the nominated list employer

Your Work Location address

Post Code

Your employee Reference Number

Your work email address (if held)

Your work contact number

Your line manager name

Your membership fee if payable in a lump sum at the start of membership year. You will be reminded by Parkwood Leisure in 12 months time about re-joining.

A full check is necessary at each annual renewal for audit, security and compliance with licence provisions.

Payments should be made payable to "Parkwood Leisure" and returned with the appropriate fee to: Reception -The Leisure Centre, Quarry House, Quarry Hill, LEEDS, LS2 7UA

For Official Use only

Type of ID provided to support application (tick as appropriate)

Passport

Driving Licence

Birth Cert

Other Note (type)

Pay Slip