

@ctive Card Application Form



Last Name: _____

First Name: _____

Mr/Mrs/Miss/Ms/Other: _____

Date of Birth: _____

Home Address: _____

Postcode: _____

Daytime tel no: _____

Email: _____

Which card are you applying for?

- | | | |
|--|--|--|
| <input type="checkbox"/> Resident and non Resident | <input type="checkbox"/> Limited Income / Benefits | <input type="checkbox"/> Senior Citizens |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Under 16yrs FREE | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Full time student over 16 yrs | <input type="checkbox"/> Carer's Card | |

Always keep your card when renewing, if you don't you will have to pay an additional £5.00 replacement fee

Signature of application _____

Date _____

(Parent/guardian if applicant is under 16 yrs)

I would describe myself as:

Asian or Asian British: Bangladeshi Pakistani Indian Other Asian (please specify) _____

Black or Black British: African Caribbean Other Black (please specify)

Chinese or other Ethnic Group: Chinese Other group (please specify)

Mixed: White and Black African White and Caribbean White and Asian Other (please specify)

White: British Irish Other white (please specify)

Declaration

I agree to abide by the general rules and regulations of the @ctive Card Scheme and Vivacity Leisure Centres. I have read the Terms and Conditions and am aged 16 or over.

- Now take this form into one of our Leisure Centres OR
- For an @ctive Card you can also post this form with payment and copies or proof of status to:
Vivacity Culture and Leisure, Sports Services, Regional Fitness and Swimming Centre, Bishops Road, Peterborough, PE1 5BW.



Vivacity is registered under the Data Protection Act 1998 for the purpose of processing personal data in the performance of its legitimate business. Any information held by Vivacity will be processed in compliance with the eight principles of the Act. Further information relating to your rights under the Data Protection Act will be sent to you on request.

If you do not wish your personal data to be shared with other organisations for the purpose of providing associated services please tick this box.

If you do not wish to receive direct mailings please tick this box.

Where joined Bushfields Jack Hunt Werrington Regional Swimming Pool

Proof of residence/work/study (seen) Proof of concession (seen) Receipt number _____

Input by _____ Join Date ____/____/____ @ctive card number _____ Salesperson _____ Promotional Number _____

For office use only

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