

# @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?

Resident and non Resident

Limited Income

Senior Citizens

Unemployed

Under 16yrs FREE

Disabled

Full time student over 16 yrs

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 the Peterborough City Council Sports Centres. I have read the Terms and Conditions and am aged 16 or over.

Now take this form into one of our Sports Centres or the Tourist Information Centre.

For an @ctive Card you can also post this form with payment and copies or proof of status to:

- Sports Services, Environment & Community Services, Peterborough City Council, Bayard Place, Broadway, Peterborough, PE1 1HZ



Peterborough City Council 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 the council 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  Tourist Information Centre

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*