



MARJON SPORT & HEALTH
CHANGE OF DETAILS FORM



CURRENT DETAILS

FULL NAME

MEMBERSHIP NO

PERSONAL DETAILS

This section only needs to be completed if any of the following details have changed

TITLE/SURNAME

FIRST NAME

STREET ADDRESS

TOWN

POSTCODE

HOME TELEPHONE

MOBILE TELEPHONE

EMAIL ADDRESS

CHANGING MEMBERSHIP

This section only needs to be completed if you are changing your membership

CURRENT MEMBERSHIP

NEW MEMBERSHIP

MARJON STAFF EXT/DEPT _____

MARJON STUDENT NUMBER _____

OTHER INFORMATION/CHANGES

Signed

Date

MEMBERSHIP NUMBER

payment taken by if applicable
Date
Notes

entered on system by
Date
Notes

verified by
Date
Notes