

# Members Details



## Official Use Only

Membership No.

.....

Laserforce System

Admin System

## PLEASE COMPLETE IN BLOCK CAPITALS

Full Name.....

Address.....

.....

..... Postcode.....

E-mail address .....

Male  Female  Date of Birth ...../...../.....  
Day Month Year

Codename (15 Characters Max).....

### **Consent declaration; To be signed by Parent/Guardian/Responsible adult**

#### **I authorise the person detailed above to become a Laserforce member**

I understand that the details will be treated as confidential and will not be shared with any third parties. The details above may be used by Laserforce for marketing purposes such as e-mail newsletters and updates, Birthday cards and special Promotional vouchers.

Individuals are only allowed one lifetime membership.

Membership can be cancelled at any time by contacting Laserforce and asking for the details to be removed from the Membership database. (Membership card to be destroyed)

Signature ..... Date.....

Name (if different from details above).....