





NSC Membership Switch Form

This form is to be used by customers who have an existing NSC Membership who would like to switch to a different one.

Full Name:					MSR Scorecard No:		
Please provide any CHANGES to your personal details since you applied for your last membership in the box below:							
e.g. New Contact Number, Address, Email Address etc. If change in bank details please complete a new direct debit form.							
OR there are no changes to my personal details since I last took out a membership with the NSC (please tick)							
Membership yo		()	>	\			
Membership T	уре:	Swim O	nly	Gym/	Spa Only	Gyn	n/Spa/Swim
Length of Membership:		12 months	(0	3 months Can only be paid 'up-front' not m	1 mon	nth	Monthly DD
Membership C	ategory:	Adult		Senior	Stude	nt	Other
		(18 – 64)		(Over 65)	(in full time	e education)	(Please specify below)
Payment Option	on:	Monthly*	One-o	ff Payment			
*If switching to a Monthly payment option please complete a Direct Debit Form with this application. Monthly payments will be taken from your account until we are instructed otherwise.							
Terms & Conditions: I have read and understood the terms and conditions and agree to abide by them (see website www.gov.im/sport)							
Print Name:				Signature:			
Monthly Memberships will only become active from the 1st day of each month. Please allow 10 working to process your request.							
FOR OFFICE	USE ONI	Υ.			Date Form Rec	eived:	
New Start Date:		Ne	ew End Date:	Chai	nge to End Date Required:		