



Loyalty Discount Scheme Application Form

Please read the Terms and Conditions, complete this form in full and return to Reception.

PERSONAL DETAILS

First Name: _____

Last Name: _____

Title: Mrs, Miss, Mr, Ms, Dr, Professor,

Other please state: _____

Gender: Male / Female

Date Of Birth: _____

Property Number/Name: _____

Address: _____

Town: _____

Post Code: _____

County: _____

Telephone: Home _____ Work: _____

Email: _____

Mobile Number: _____

Are you a member of the Health Suite? (sauna / steam room) Yes / No

Do you use the Gym? YES / NO

Fitness Induction Date (office use) _____

Are you eligible for any concessions? Please state and provide evidence, this may need to be

reconfirmed at 6 monthly intervals: _____

Please complete other side

MARKETING INFORMATION

North Northamptonshire Council processes a considerable amount of information, including personal data about the citizens it serves, to allow it to provide services effectively. North Northamptonshire Council recognises that this information is important to their citizens and that it has a responsibility to these citizens regarding the information it holds about them. As such, it takes seriously its responsibilities to ensure that any personal information it collects and uses is done so proportionately, correctly and safely and is committed to protecting the privacy and security of those individuals.

A copy of North Northamptonshire Council privacy notice can be found online at <https://www.northnorthants.gov.uk/service-privacy-notices>

Opt In

Here at North Northamptonshire Council we take your privacy seriously and will only use your personal information to administer your account and to provide the products and services you have requested from us.

We don't want you to miss out on new or exciting updates from North Northamptonshire Council, from time to time we would like to contact you with details of other services we provide. If you consent to us contacting you for this purpose, please tick to say how you would like us to contact you: (please tick "Yes" or "No" in each instance):

If you'd like to change your choices later, all you have to do is call 01536 400033 or complete the online form.

Post		Email		Telephone		SMS		Social Media	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Yes please	No Thanks	Yes please	No Thanks	Yes please	No Thanks	Yes please	No Thanks	Yes please	No Thanks

I have read and agree to the terms and conditions for the Loyalty Card Scheme

Signed (Parent or Guardian if under 16 years of age): _____

Date: _____