



Instruction to your bank or building society to pay by Direct Debit

Membership Application Form

Please fill in the whole form using a ball point pen and send it to:

NICSSA Sport & Leisure
The Pavilion, Stormont
Stormont Estate
Upper Newtownards Road
Belfast
BT4 3TA

Service user number

9 6 0 9 0 1

Reference

N I C S S A

Instruction to your bank or building society
Please pay NICSSA Sport & Leisure Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with NICSSA Sport & Leisure and, if so, details will be passed electronically to my bank/building society.

Name(s) of account holder(s)

Bank/building society account number

Branch sort code

Name and full postal address of your bank or building society

To: The Manager Bank/building society
Address
Postcode

Signature(s)
Date

Banks and building societies may not accept Direct Debit Instructions for some types of account

DD12

This guarantee should be detached and retained by the payer.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit NICSSA Sport & Leisure will notify you ten working days in advance of your account being debited or as otherwise agreed. If you request NICSSA Sport & Leisure to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by NICSSA Sport & Leisure or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society
 - If you receive a refund you are not entitled to, you must pay it back when NICSSA Sport & Leisure asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.



If you wish to become a member complete the form and 'Join the Club'

Contact Details

Title: Mr / Mrs / Miss / Ms / Dr	DOB: / /
First Name:	
Last Name:	
Mobile Number:	

Work Details

Department / Company:	
Building Name:	
Address:	
Town:	
County:	Postcode:
Internal Extension:	
External Telephone:	
Work Email:	

Home Details

Address:	
Town:	
County:	Postcode:
Telephone:	
Email:	

Partner Details For Joint Membership (if applicable)

Title: Mr / Mrs / Miss / Ms / Dr	DOB: / /
First Name:	
Last Name:	
Mobile Number:	
Email Address:	

Affiliated Clubs (Refer to www.nicssa.co.uk for a full list of clubs)

If you wish to be affiliated to a building/sports club please indicate the club below:

*Terms and conditions apply. All information within this brochure was correct at time of going to press and is subject to change. All values are approximate.
 ‡ Calls may be recorded and monitored for training, quality assurance purposes.

Membership Categories

Please select the membership category you would like to join:

Membership Category	Individual	Joint	Senior 60 yrs +	Senior Joint	Student 16yrs + in FT Education
NICSSA					
Pavilion					
Activ					

To view membership prices visit www.nicssa.co.uk**Payment Options**

Payment Method:
Payroll <input type="checkbox"/> Pension <input type="checkbox"/> Direct Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Debit/Credit Card <input type="checkbox"/>
Payroll/Pension Number - Civil/Public Service ONLY: <input type="text"/>
I authorise payroll to deduct the appropriate subscriptions from my salary/pension
Signature: _____ Date: / /
Cheque Enclosed <input type="checkbox"/> Direct Debit Form Completed <input type="checkbox"/>

To join the Pavilion or a Pavilion based sports club you must be proposed & seconded by Pavilion members

Proposed by:

Name: _____	Membership No: _____
Signature: _____	Date: / /

Seconded by:

Name: _____	Membership No: _____
Signature: _____	Date: / /

How did you hear about us?

Colleague <input type="checkbox"/>	Friend <input type="checkbox"/>	Health Works <input type="checkbox"/>	Website <input type="checkbox"/>	NICS WELL <input type="checkbox"/>	PlayBall <input type="checkbox"/>
Activ <input type="checkbox"/>	Ezine <input type="checkbox"/>	Roadshow <input type="checkbox"/>	Presentation/Event <input type="checkbox"/>	Club Rep <input type="checkbox"/>	Other <input type="checkbox"/>

Reason(s) for joining NICSSA: _____

Car Insurance Renewal Date: month _____ year _____
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Home Insurance Renewal Date: month _____ year _____

For office use only

SA Number: _____	Joint SA Number: _____
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Please return completed application form to: NICSSA Sport & Leisure The Pavilion, Stormont, Upper Newtownards Rd, Belfast, BT4 3TA. T: (028) 9052 0410 E: membership@nicssa.co.uk W: nicssa.co.uk