



LENSBURY

# Waiting List Enquiry Form

Please include all family members who require membership

Date of enquiry  
 .....

|                        |              |                |
|------------------------|--------------|----------------|
| Title (Mr/Mrs/Miss/Ms) | Forename(s)  | Surname        |
| Address                |              |                |
| Postcode               |              |                |
| Home tel no.           | Work tel no. | Mobile tel no. |
| E-mail address         |              |                |

## Additional Family Members

|        |               |
|--------|---------------|
| Spouse |               |
| Child  | Date of birth |
| Child  | Date of birth |
| Child  | Date of birth |
| Child  | Date of birth |

## Type of membership *(Please tick)*

|                         | Individual               | Couple                   | Family                   |
|-------------------------|--------------------------|--------------------------|--------------------------|
| Peak Membership         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Weekday Plus Membership | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Off-peak Membership     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please return to  
**The Lensbury  
Membership  
Department**

Broom Road, Teddington  
Middlesex TW11 9NU  
t 020 8614 6466/6467  
f 020 8614 6442  
w [www.lensbury.com](http://www.lensbury.com)  
e [membership@lensbury.com](mailto:membership@lensbury.com)

Thank you for your assistance in completing this information. When this enquiry form reaches Lensbury's Membership Team your details will be processed and confirmation of this will be sent to you.