**Please note: The information below is for 60 UP’s use only, and strictly confidential. You may be sent information from time to time about 60 Up activities.**

# Name …………………………………………………………………... Title………………

**Contact Details**

Postcode ………………………………………………………………………………………

Tel No …………………………………………………… E-mail ………………………………………….

Age at next birthday …………………………… Date of Birth (optional) …………………………………………..

Please complete section below if you intend to attend any of the Zoom exercise sessions.

**Disclaimer: Attendees understand that these exercise sessions are undertaken at their own risk. You should  seek the advice of your GP or Practice Nurse before beginning any new exercise programme.**

Please state if you have any medical physical condition or special need that we should be aware of (i.e. Asthma, diabetes, high blood pressure Do you take any medication? Yes/No. If yes, what is it and what is it for?

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**Membership fee £10 (April 2020 to March 2021)**

**I would also like to make a donation of £…………………………….. (Optional)**

**Signature ……………………………………… Date ……………………………………….**

**Ways to pay for activities, membership and donations;**

* **In person at any of our activities (By appointment only)**
* **By PayPal on** **60upcommunity@gmail.com**
* **Secure card payment to 60 Up CIC** [**https://pay.izettle.com/?ztmDV-jgK**](https://pay.izettle.com/?ztmDV-jgK)