# **Vitality Membership Application Form**

### **1. Please select which membership package you wish to apply for?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Household Membership - 2 adults & up to 5 children |  | Individual Membership |
|  | Household Membership - 1 adult and up to 5 children |  | Individual Concession |

**2. How do you wish to pay for your membership?**

Direct Debit (monthly) Pay in Full (annually)

**3. Name of Individual Member or Household Head Member 4. Date of Birth**

### **5. Home Address**

|  |  |
| --- | --- |
| Address |  |

Town Postcode

### **6. Email Address**

### 7**. Contact Telephone Number**

### **8. Household Membership - Details for Second Adult**

### Name D.O.B.

### Email

### Tel No

### **9. Household Membership - Details for Children**

### Name D.O.B. Email

### **Child 1**

### 

### Name D.O.B. Email

### **Child 2**

### Name D.O.B. Email

### **Child 3**

### Name D.O.B. Email

### **Child 4**

**PTO**

### Name D.O.B. Email

### **Child 5**

### Name D.O.B. Email

### **Add 1**

### 

### Name D.O.B. Email

### **Add 2**

### **NB) Additional children will incur an additional fee of £5 per month per child**

### **10. I would like to receive emails and texts on exciting news, programmes and events from Lisburn & Castlereagh City Council, including marketing details relating to my Vitality membership**

This information is not shared with third parties and you can unsubscribe at any time via phone, email or by post.

|  |  |
| --- | --- |
|  | Yes I would like to receive **EMAILS** from Lisburn & Castlereagh City Council, including exciting developments on my Vitality membership |
|  | Yes I would like to receive **TEXTS** from Lisburn & Castlereagh City Council, including exciting developments on my Vitality membership |
|  | No I don't wish to receive any marketing information. |

**Signature Date**

**Your Personal Data  
  
What we need**Lisburn & Castlereagh City Council is the ‘Controller’ of the personal data that you provide to us. We only collect basic personal data, this does not include any special types of information, it does however include name, address, email, mobile number etc. **Why we need it**We need to know your basic personal data in order to provide you with Lisburn & Castlereagh City Council Information/Promotions. We will not collect any personal data from you we do not need in order to provide and oversee this service to you. **What we do with it**All personal data that we process is processed by our staff in the UK however for the purposes of IT hosting & maintenance this information is located on servers within the European Union & no Third Parties will have access to your personal data unless the law allows them to do so. We have a Data Protection regime in place to oversee the effective & secure processing of personal data.

**How long we keep it**We are required under UK law to keep your basic personal data (name, address, contact details) until you notify us you no longer want to be contacted by us after which time it will be destroyed. Information that you provide for marketing purposes will be retained until you notify us that you no longer wish to receive this information. **What are your rights?**If at any point you believe the information we process on you is incorrect you may request to see this information and even have it corrected or deleted. If you wish to raise a complaint on how we have handled your personal data, you can contact our Data Protection Officer who will investigate the matter. If you are not satisfied with our response or believe we are processing your personal data not in accordance with the law you can complain to the Information Commissioner’s Office (ICO). The Lisburn & Castlereagh City Council Data Protection Officer can be contacted via Email at data.protection@lisburncastlereagh.gov.uk **Full details of can be found on the Council website: www.lisburncastlereagh.gov.uk/information/freedom-of-information**

**Signature Date Date**

### **FOR OFFICE USE**

### Membership Type Photographic ID Proof of Address

### 

### **Concession Membership:** Under 18 F/T Student Disability 60+ Benefits

### Description of Evidence .

### (include date for benefit evidence)

### General Comments:

### 

### 

### 

Request for new card:

Staff Initials:



**Examples of Evidence Required to Support Household & Concession Membership Packages**

|  |  |
| --- | --- |
| **Membership Category** | **Examples of Evidence Required** |
| Household Memberships | Adults Proof of Residence   * Rates/Utility Bill. * Header from financial statement. * Doctors, Dentists etc appointment letter.   Children’s Proof of Residence   * Savings Book. * Medical/dental appointment letter. * Letter of confirmation from School/College. |
| Concession Membership – 60 years + | Photographic ID  Birth Certificate.  Passport.  Travel Pass. |
| Concession Membership – Under 18 years | Photographic ID.  Birth Certificate.  Passport. |
| Concession Membership – Disabled Person | Photographic ID.  Letter of Benefit Entitlement e.g. PIP’s.  Blue Badge for Vehicle.  Original signed letter from healthcare professional. |
| Concession Membership – Economically Disadvantaged | Photographic ID  Letter of Entitlement (dated within previous 3 months) to show being in receipt of:   * Jobseekers Allowance Income Based. * Income Support * Working Tax Credit. * Child Tax Credit. * Income Related Employment & Support Allowances. * Housing Benefit. * Universal Credit. |
| Concession Membership – Being in Full-Time Education. | Photographic ID  Student ID which clearly highlights being in full-time education.  Original Letter on headed paper from school/college which confirms full-time education and the start/end dates for relevant course. |

* All vitality Members over 5 years will be required to have their photograph taken to validate their membership.