

[GYM / CLUB NAME] — MEMBERSHIP FORM

[Address, City] • [Phone] • [email@club.com] • Member no.: _____

PERSONAL DETAILS

Full name			
Date of birth		Gender	
Phone		Email	
Address			
ID / CNIC no.		Occupation	

MEMBERSHIP PLAN

☐ Monthly [price] ☐ Quarterly [price] ☐ Half-yearly [price] ☐ Yearly [price]

☐ Personal training [price / session] ☐ Locker [price / month] ☐ Other: _____

Start date		End date	
Amount paid		Payment method	

EMERGENCY CONTACT

Name		Relationship	
Phone		Alt. phone	

HEALTH DECLARATION

Do you have any heart condition, high blood pressure, asthma or diabetes? ☐ Yes ☐ No

Any injury, surgery or pregnancy in the last 12 months? ☐ Yes ☐ No

If yes, please give details: _____

TERMS

1. Fees are payable in advance and are not refundable or transferable unless the club's policy says otherwise.
2. Members follow the club rules, use equipment safely and wear suitable clothing and shoes.
3. I take part at my own risk and will consult a doctor before starting if I have a medical condition.
4. The club is not responsible for personal belongings left on the premises.
5. Membership can be [frozen for up to x weeks] with [x days'] written notice.

Member signature: _____ Date: _____ Staff: _____