

Application for Membership

Type of Membership Applied for:

Individual Couple Family
Child Youth Senior
Senior couple Corporate

Membership Duration:

6 months 1 year

Name: Date of Birth:
Address:
Home no: Mobile no:
Work no: Email:

Additional Names:

1:
2:
3:
4:
5:

please tick this box if you do not wish to be included in our text e-mail message updates

Signed: _____ Date: _____

Office Use Only

Member Number _____

Joining fee: _____
Total price paid: _____ How paid? _____
Monthly dd: _____ Date of first dd _____
Membership commences: _____
First fitness test booked on: _____
Sales person: _____