

Gym Membership Application Form

Please fill out this form in block letters. This form is designed to be printed and filled out manually.

Personal Information

First Name:

Last Name:

Date of Birth (DD/MM/YYYY):

Gender (Male / Female / Other):

Phone Number:

Email Address:

Street Address:

City:

Zip / Postal Code:

Emergency Contact Details

Contact Person Name:

Relationship to Applicant:

Emergency Contact Phone Number:

Membership Plan Details

Membership Tier (e.g., Basic, Standard, Premium):

Duration (e.g., 1 Month, 6 Months, 12 Months):

Preferred Start Date (DD/MM/YYYY):

Health & Medical Declaration

List any existing medical conditions or injuries (Write N/A if none):

Acknowledgment & Signature

I hereby confirm that the information provided above is accurate and complete. I agree to comply with the terms, conditions, and safety guidelines of the gym.

Applicant Signature:

Date Signed (DD/MM/YYYY):