



Membership Application Form

Title: ID: DOB:

Name:

Address:

Email:

Tel: Mobile: Partner ID:

Emergency Contact: Occupation:

Membership Type: Yearly 6 Months 3 Months Monthly

Commencing Date: / / Misc.:

<i>Please read the following and answer honestly:</i>	Yes	No
Do you take any medication?		
<i>If yes please indicate here:</i>		
Do you suffer from diabetes?		
Do you suffer from any heart conditions?		
Has your doctor ever suggested that you restrict physical activity?		
Do you suffer from high blood pressure?		
Have you ever experienced chest pain whilst undertaking physical activity?		
Have you ever experienced chest pain when you were not undertaking physical activity?		
Do you suffer from dizziness?		
Do you suffer from loss of consciousness or fainting?		
Do you suffer from any bone or joint problem which is aggravated by physical activity?		
Is there any reason why you should not do physical activity?		
Are you a member of any other gym?		

<i>For Office use only</i>			
Paid By:	Cash	Cheque	Card
Membership No:			

I hereby agree to the terms and conditions stated by Gymnasia



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RENEWALS

Date : / / Yearly 6 Months 3 Months Monthly

Mode of Payment: Cash Cheque Card Misc.: _____

Date : / / Yearly 6 Months 3 Months Monthly

Mode of Payment: Cash Cheque Card Misc.: _____

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