## **Club Membership Application Form**

### **1. Personal Information**

* **Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Gender:** ☐ Male ☐ Female ☐ Other
* **Nationality:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Address:**
  + **Street/House No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + **City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + **State/Province:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + **Postal Code/ZIP:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + **Country:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **2. Contact Information**

* **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Emergency Contact Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Emergency Contact Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **3. Membership Details**

* **Type of Membership (select one):**☐ Regular Member  
  ☐ Premium Member  
  ☐ Family Member  
  ☐ Honorary Member  
  ☐ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Start Date of Membership:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Preferred Activities/Clubs:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **4. Skills and Contributions**

* **Skills that may benefit the club:** \_\_\_\_\_\_\_\_
* **Area of Interest/Club Sections (Sports, Music, Art, etc.):**

**5. Payment Information**

* **Membership Fee (Amount):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Payment Method (select one):**☐ Credit/Debit Card  
  ☐ Bank Transfer  
  ☐ PayPal  
  ☐ Cash

**6. Agreement and Declaration**

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I agree to abide by the club rules, regulations, and policies.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. For Office Use Only**

* **Application Received Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Application Reviewed By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Membership ID (if applicable):** \_\_\_\_\_\_\_\_\_\_
* **Approval Status:** ☐ Approved ☐ Rejected
* **Remarks:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_