

Gym Membership Application Form

1. Personal Information

- Full Name: _____
- Date of Birth: _____
- Gender: Male Female Other
- Height (cm): _____
- Weight (kg): _____
- Medical Conditions (if any): _____
- Emergency Contact Name: _____
- Emergency Contact Number: _____

2. Contact Information

- Phone Number: _____
- Email Address: _____
- Address:
 - Street/House No.: _____
 - City: _____
 - State/Province: _____
 - Postal Code/ZIP: _____

3. Membership Details

- Type of Membership (select one):
 - Monthly
 - Quarterly

Half-Yearly

Yearly

- **Preferred Start Date:** _____

4. Fitness Goals

- Weight Loss
- Muscle Building
- General Fitness
- Endurance Training
- Other (specify): _____

5. Payment Information

- **Membership Fee (Amount):** _____
- **Payment Method (select one):**
 - Credit/Debit Card
 - Bank Transfer
 - PayPal
 - Cash

6. Medical Disclaimer and Agreement

I acknowledge that I am physically fit and have no medical conditions that would prevent me from participating in fitness activities. I agree to the gym's terms and policies.

Signature: _____

Date: _____

7. For Gym Use Only

- **Application Received Date:** _____
- **Application Reviewed By:** _____
- **Membership ID (if applicable):** _____
- **Approval Status:** Approved Rejected

- **Trainer Assigned:** _____
- **Remarks:** _____