

# 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:** \_\_\_\_\_