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