

# Family Membership Application Form

## 1. Primary Member Information (Head of Family)

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Gender: ☐ Male ☐ Female ☐ Other
- Occupation: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Address:
  - Street/House No.: \_\_\_\_\_
  - City: \_\_\_\_\_
  - State/Province: \_\_\_\_\_
  - Postal Code/ZIP: \_\_\_\_\_
  - Country: \_\_\_\_\_

## 2. Family Members Information

Name	Age	Gender	Relationship to Head
_____ —	_____ —	_____ —	_____ —
_____ —	_____ —	_____ —	_____ —
_____ —	_____ —	_____ —	_____ —

_____	_____	_____	_____
_____	_____	_____	_____

### 3. Membership Details

- **Type of Membership:**
  - ☐ Monthly Membership
  - ☐ Yearly Membership
  - ☐ Lifetime Membership
- **Preferred Start Date:** \_\_\_\_\_

### 4. Payment Information

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

### 5. Agreement and Declaration

I declare that the information provided above is true and correct. I understand that the family membership covers only the members listed above.

**Signature (Head of Family):** \_\_\_\_\_

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

### 6. For Office Use Only

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

