

# Family Membership Form

## Primary Member Information

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Contact Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Address: \_\_\_\_\_  
\_\_\_\_\_

## Family Member Details

| Name       | Relationship | Date of Birth | Contact Number |
|------------|--------------|---------------|----------------|
| _____<br>— | _____<br>—   | _____<br>—    | _____<br>—     |
| _____<br>— | _____<br>—   | _____<br>—    | _____<br>—     |
| _____<br>— | _____<br>—   | _____<br>—    | _____<br>—     |
| _____<br>— | _____<br>—   | _____<br>—    | _____<br>—     |

## Membership Details

- **Membership Type:**

☐ Monthly

☐ Yearly

☐ Lifetime

- **Membership Start Date:** \_\_\_\_\_

- **Payment Mode:**

☐ Cash

☐ Credit/Debit Card

☐ Online Transfer

### **Declaration**

I confirm that all family members listed agree to the terms and conditions of this membership.

**Primary Member's Signature:** \_\_\_\_\_

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