
Gym Membership Form

Personal Information

- **Full Name:** _____
- **Date of Birth:** _____
- **Gender:** Male Female Other
- **Contact Number:** _____
- **Email Address:** _____
- **Address:**

Membership Details

- **Membership Type:**
 - Monthly
 - Quarterly
 - Yearly
- **Preferred Gym Timings:**
 - Morning (6 AM - 10 AM)
 - Afternoon (12 PM - 4 PM)
 - Evening (5 PM - 9 PM)
- **Fitness Goals:**
 - Weight Loss
 - Muscle Gain
 - General Fitness
 - Other: _____

Health Information

- Existing Medical Conditions (if any): _____
- Trainer Required: Yes No

Payment Information

- Payment Mode:
 - Cash
 - Credit/Debit Card
 - Online Transfer
- Payment Date: _____

Declaration

I acknowledge that I have read and agreed to the gym's terms and conditions.

Signature: _____

Date: _____