
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: _____