FRESH & FIT MEMBERSHIP APPLICATION FORM

PERSONAL INFORMATION

Full Name: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female ☐ Other

Phone Number: _____ Email Address: _____

Address, Town, City: _____

Profession: _____ Next of Kin: _____ Relationship: _____

MEMBERSHIP DETAILS

Select the type of membership you are applying for:

☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Do you require a personal trainer? ☐ Yes ☐ No _____

Date you wish to start your membership: _____

HEALTH INFORMATION

List any health conditions we should be aware of: _____

Your primary fitness goals:

Have you been a member of another gym before? ☐ Yes ☐ No

Name of the previous gym: _____

PAYMENT INFORMATION

How you will be paying for the membership?

☐ Cash ☐ Debit Card ☐ Bank Transfer ☐ Mobile Money

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TERMS AND CONDITIONS

☐ I hereby declare that the information provided is true and correct to the best of my knowledge and belief.

☐ I have read and agree to abide by the gym's rules and regulations.

☐ I consent to the processing of my personal data for the purpose of my gym membership.

☐ I understand that my membership may be revoked if any information is found to be false or misleading.

Signature

Date