



Kimbulawela Membership Application Form

New Member
 Lapsed
 Renewal

Please fill out in BLOCK LETTERS																	
Full Name																	
Address								Date of Birth		D	D	M	M	Y	E	A	R
								Tele. No. Mobile									
Occupation								Tele. No. Home				Gender	M	F			
NIC No.																	
Emergency Name & Tel. No.																	
Membership Type	Individual	Annual Membership		Bi - annual Membership		Quarter Membership											
		01 Month Membership		Day Rate		Other											
	Individual & Spouse	Annual Membership		Bi - annual Membership		Quarter Membership											
		01 Month Membership		Day Rate		Other											
What are the reasons for joining this Gym																	
Kind of Sports		Health & Fitness		Reduce Wight		Body Building		Shape up									
Personal Information	Health	Advice from physician whether to exercise or not					Yes		No								
If you have suffered any of following conditions, please submits report/letter from your doctor (Information is needed prior to training)																	
Heart Attack / Stroke	Yes		No		Diabetes	Yes		No									
High Blood Pressure	Yes		No		Hernia	Yes		No									
Pain or Tightness in the chest	Yes		No		Asthma	Yes		No									
High Cholesterol	Yes		No		Fainting Attacks	Yes		No									
Stomach or Duodenal Ulcer	Yes		No		Back Problems	Yes		No									
Liver of Kidney Condition	Yes		No		Epilepsy or Fits	Yes		No									
Difficulty in breathing or Chronic cough	Yes		No														
Additional Medical Notes :-																	
I hereby certify that the above information declared is true and correct to the best of my knowledge.																	
Applicant Signature						Date											
Office Use Only																	
Join Date						Amount Paid											
Date of Expire						Receipt No.											
Membership No.																	
Payment method	Cash		Cheque		Payment received by												
Manager's Signature						Date											