

GYMSPOT MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	Mobile:	Phone:
Current address:		
Suburb:	City:	Post Code:
Male/Female:		
Email address:		
Occupation:		

EXERCISE HISTORY

Current Activity Level:
Frequency per week:
If Currently inactive, last time you frequently exercised:
Sports:
Frequency per week:

EMERGENCY CONTACT

Name:		
Address:		Phone:
Suburb:	City:	Post Code:
Relationship:		

MEMBERSHIP PROGRAMME

Type:		
Start Date:	End Date:	

PERSONAL TRAINING

Level of Interest:
Have you had Personal Training in the past:
Personal Training expectations:

HOBBIES

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CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name	Name
Name	Name

SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint membership)</i> :	Date: