



# GYM MEMBERSHIP APPLICATION FORM

Membership No:

Name:

Address:

Post Code:

Tel:

Mobile:

E-mail:

Date of Birth:

Emergency Contact details:

Name:

Phone:

Membership Type:

Monthly

  
  
  

Staff

  
  
  

Annual

Staff Concession

Concession Monthly

Student (over 18)

Concession Annual

I declare I have received training on Oasis Academy Gym equipment, and have received a copy of the Terms and Conditions and Disclaimer, and will abide by the rules

Applicant Signature:

Date:

## For Office Use only:

Advanced Payment received

1

  
  
  
  
  

Card Created/

2

Card Deposit Received

3

Membership No. allocated

4

Induction Completed

5

Proof of Student Status

6

Photo No.

7

T&C/Disclaimer

8

Proof of address rec'd

9

Proof of DOB rec'd

10

Date form received

11

Date completed

12

Please Print

<sup>13</sup> Address validated by

Proof of Student validated by

<sup>14</sup> DOB Validated by

<sup>15</sup> Induction by