

# APPLICATION FOR MEMBERSHIP



**BRIDGES  
FITNESS**  
CENTRE

## Personal Details:

Surname			
		Title	
	Address		
Telephone	Home	Mobile	
Date of Birth	/	/	

## Emergency Contact:

Name & Telephone	
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## Membership Type:

Company Name	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
	<input type="checkbox"/> 6 Monthly	<input type="checkbox"/> Annually	

## Method of Payments:

<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Standing Order
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## Social Media:

Email Address	
Facebook Name	
Twitter Address	
Instagram Name	

## Agreement:

### Disclaimer

Bridges Fitness Centre cannot be held responsible for loss or damage to valuables or the property of the customer - although we promise to keep the best possible care of yours goods. I the customer hereby know of no medical conditions that restricts me training by Bridges Fitness Centre and I promise to seek medical advice from my Doctor if in doubt.

I agree to and will abide by the club rules      Signed

Membership Number	
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