Serial No.

IASST Sports Complex Membership Form

1. MEMBER DETAILS

Member Name: Sex:

Birth Date:

Present address: Area: City:

State: PIN Code:

Contact No. : Email:

Permanent address: Area: City:

State: PIN Code:

2. MEMBERSHIP TYPE: (Regular/Guest)

Membership duration: Amount paid:

Transaction date:

Please attach the payment slip.

3. MEDICAL CONDITION

Medically fit or not:

(Medical self-declaration overleaf)

Previous gym experience if any, Please furnish details:

(Name of the Gym., duration)

4. DECLARATION:

I am well aware of the rule & regulation of IASST sports complex and undertake to abide by them.

Applicant Signature

Date:

FEE STRUCTURE	REGULAR MEMBER	GUEST
JOINING FEE	200/- (Non-refundable)	N/A
USER FEE	50/- pm (min. 3 months)	10/- per day (min. 7 days)

Serial No.

Medical self-declaration

I, …….. , declare that I am medically fit to undergo standard gymnasium exercise and sports activities. In the event of any mishappening I shall be fully and solely responsible for the same. I shall submit the medical fitness certificate within 10 days from this date of signing self-declaration.

Witness: Signature of the Member

Place:

Date: