



AMAR SINGH CLUB (Regd.)

Bikram Chowk, Jammu

Tel:-2433085, 2433146

Enrolment for membership in health club

1. Name of the Member : _____
2. Membership No. : _____
3. Health Club registration No.: _____
4. Address : _____

- _____ Tel: No. _____
- _____ Mobile No. _____

5. Name of Member/ Spouse/ Dependents for which Health Club facility is to be availed.-

Name	Relationship with Member	Age only in case of Dependents	Package
(i) _____	Self		(Monthly/Qty/Annual)
(ii) _____	Spouse		(Monthly/Qty/Annual)
(iii) _____	Son/Daughter		(Monthly/Qty/Annual)
(iv) _____	Son/Daughter		(Monthly/Qty/Annual)
(v) _____	Son/Daughter		(Monthly/Qty/Annual)

(Please attach 2 photographs each of the person for which which Health membership is being applied)

6. Enrolment Require: Monthly basis/ Quarterly/ Yearly

I have read the rules and regulation of the Swimming Pool/Health Club and I agree to abide by them.

Date: _____

Signature

Cashier

Please debit Rs. _____, on A/C health Club
Subscription the period from _____ to
_____ by debit to me membership Account.

Signature: _____

Name: _____

Membership No. _____

Cashier

Please debit Rs. _____, on A/C health Club
Subscription the period from _____ to
_____ by debit to me membership Account.

Signature: _____

Name: _____

Membership No. _____

Success