



Membership Application Form

Please complete and return to:
 Elite Fitness, Unit 8 Spring Valley Industrial Estate
 Douglas, Isle of Man, IM2 2QR Tel: 01624 625963

Title: Mr / Mrs / Miss / Ms / Other		Membership No: <small>For office use only</small>	
First Name:		Surname:	
Address:			
Postcode:		Date of Birth:	
Tel: Home		Mobile:	
E-mail		Employer:	
How did you hear about us?			

Membership Options		1st Month Paid: Amount £	Date paid
Pay in full <input type="checkbox"/>	Pay monthly <input type="checkbox"/>	Number of Months	
Standard <input type="checkbox"/>	Off-peak <input type="checkbox"/>	Amount (per payment) £	

All new members are entitled to receive a free gym induction and should not use any of the gym equipment until you have been shown how to safely use all machines. However, should you feel you do not need this service, please tick the gym induction waiver declaration below.

I understand that exercise can be physically demanding and if performed incorrectly can cause serious harm. I have opted to not attend the gym induction offered to me and therefore assume all liability for any possible injury caused by the exercises I choose to perform. I acknowledge that I am physically fit and free from any illnesses that may be aggravated by performing exercise. I am a regular user of gyms and I am familiar with most gym equipment.

I have read, understand and agree to the rules, terms and conditions (available at www.elitefitness.im) laid down by the club and agree to abide by them. I understand that the club may from time to time make changes to these conditions without prior notice.

Signature:	Date:
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Standing Order Payments

I instruct you to pay the following account in the name of 'Elite Fitness' on a monthly basis until further notice:
 Lloyds Bank, Prospect Hill, Douglas, Isle of Man Account number: 32297268 Sort Code 30-12-80

Account Holder			
Amount	Date of first payment	Ref.	

Members account details:

Bank Name:	Bank Address:
Sort Code:	
Account Number:	
Signature:	Date: