



Fixed Term Membership Form

Title: Mr / Mrs / Miss / Ms / Other	Membership No: <small>For office use only</small>
First Name:	Surname:
Address:	
Postcode:	<small>Must be 16 years old or older</small> Date of Birth:
Mobile:	Employer:
E-mail	
How did you hear about us?	

Fixed Term Membership Options (Please select one): **Payment taken by:** To be completed by Elite Fitness

12 Month Membership (Standard)	£399	<input type="checkbox"/>
12 Month Off-Peak/Full Time Education/Over 65/Corporate Membership (ID Required: Checked by _____)	£349	<input type="checkbox"/>
6 Month Membership	£225	<input type="checkbox"/>
3 Month Membership	£125	<input type="checkbox"/>
1 Month Membership (Standard)	£45	<input type="checkbox"/>
1 Month Full Time Education/PT/Hospital Membership (ID Required: Checked by _____)	£39	<input type="checkbox"/>
2 Week Membership (Standard)	£35	<input type="checkbox"/>
2 Week Membership Full Time Education (ID Required: Checked by _____)	£29	<input type="checkbox"/>
1 Week Membership (Standard)	£25	<input type="checkbox"/>
1 Week Full Time Education (ID Required: Checked by _____)	£20	<input type="checkbox"/>

Declaration:

By signing this declaration I understand that exercise can be physically demanding and if performed incorrectly may cause serious harm. If I have opted not to attend the gym induction to which I am entitled, I will 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 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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