

MEMBERSHIP FORM

Date: _____

Type of membership: Single Joint

Payment Option: Monthly Annually

Full Name: _____

Full Name: _____

Address: _____

Address: _____

Tel: _____

Tel: _____

Email: _____

Email: _____

Date of birth: _____

Date of birth: _____

Emergency contact no: _____

Emergency contact no: _____

Signed: _____

Signed: _____

Membership No: _____

Membership No: _____