OFFICE OF THE COMMISSIONER OF CENTRAL EXCISE
C.R.BUILDING, I.S. PRESS ROAD, COCHIN 682018

APPLICATION FOR FITNESS CENTRE MEMBERSHIP

Name of the Member	
Communication Address	
Contact phone number	
Email address	
Age of the applicant	
Sex of the applicant	Male ( ) Female ( )
Have you used a gym at any time before	Yes ( ) No ( )
Name of the person to contact in an emergency	
Contact number of person to contact in emergency	
If having health issues please specify	
Fee payment details :	
Registration fees : Rs. _____	
Monthly fees : Rs. _____	Quarterly fees : Rs. _____
Annual fees : Rs. _____	Life Membership : Rs. _____
Declaration by applicant	
I _____, hereby agree to all the terms and conditions laid down by the management of the fitness centre	
Signature of the applicant :	
FOR OFFICE USE ONLY	
Membership Number allotted :	
Date of registration :	
Fitness centre staff initials :	