

Regd Office Add : Wankhede Stadium, 'D' Road, Churchgate, Mumbai – 400 020

CIN NO.U92100MH1993NPL071488

Tel : 022 2281 27 23/2285 44 44 : Email : info@garwareclub.co.in : Web: www.garwareclub.co.in

**APPLICATION FORM FOR
HEALTH CLUB (GYM SECTION) QUARTERLY MEMBERSHIP
FROM 1ST JANUARY, 2022 TO 31ST MARCH, 2022**

Date : _____

The Administration Executive,
Garware Club House,
Mumbai – 400 020.

FOR OFFICE USE ONLY

R.No. _____ Date _____ Amt _____

Dear Sir,

I hereby apply for the Health Club (Gym Section) Quarterly Membership for myself and/or for my Family Members. Herewith, I pay an amount of Rs. _____ by Cash/Cheque No. _____ dated _____ for the period from 1st January, 2022 to 31st March, 2022.

Single Member/Associate	Senior Citizen Member/Associate	Couple Member/Associate	Couple Senior Citizen Member/Associate
₹ 4,720/- (₹ 4,000/- + 18 % GST)	₹ 2,360/- (₹ 2,000/- + 18 % GST)	₹ 7,080/- (₹ 6,000/- + 18 % GST)	₹ 3,540/- (₹ 3,000 + 18 % GST)

The names of the persons i.e., myself and/or eligible family Members (with signature) wishing to use the Health Club (Gym section) are given below :-

SIGNATURE

- Name of the Member/Associate : _____
(IN BLOCK)
- Name of the Spouse : _____
- Name of the Children : (A) _____
(Above 16 yrs) (Date of Birth) _____
(B) _____
(Date of Birth) _____
(C) _____
(Date of Birth) _____

Telephone No. (O) : _____ (R) : _____ (Mobile) : _____
Email ID : _____

I/my family Members declare that I have read the Covid-19 SOP/Guidelines displayed on the Club House Notice Board and undertake to abide and follow the same and all the Rules of the Club and Health Club (Gym Section) that are applicable from time to time. I also confirm and say that I will not hold the Club responsible for any consequence due to Covid-19 or any other illness I could get due to the said exposure.

I do hereby agree to abide by the Memorandum and Articles of Association and Rules 1994 of the Club House in force and instructions & directions given by the Club Management in force from time to time.

Yours faithfully,

(Signature of Member/Associate)

Name : _____

Membership/Associateship No. _____

N.B : Health Club Membership charges are inclusive of Swimming Pool.

Doctor Certificate, as mentioned on Overleaf.

MEDICAL REPORT

Medical Report by the Member's/Associate's family physician or Registered Medical Practitioner.

I have examined (Name) 1.

2.

3.

4.

and I declare that he/she they does/do not suffer from any physical condition that would be harmful to him/her/them if he/she they join(s) the Health Club and that he/she/they is/are fit to join the Health Club.

Name of Doctor _____ (Signature of Doctor)
(In Block)

Registration No. _____ (Seal of Doctor)

Tel.No.Clinic _____ Resi : _____

Mob : _____