

APPLICATION FORM FOR HEALTH CLUB QUARTERLY MEMBERSHIP FROM 1ST APRIL.2023 TO 30TH JUNE.2023

In view of the Refurbishment of Health Club and Gymnasium to be undertaken shortly, the Quarterly Membership will be available.

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 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 April,2023 to 30th June,2023.

Single Member/Associate	Senior Citizen Member/Associate	Couple (Member & Spouse) Member/Associate	Couple (Member & Spouse) Senior Citizen Member/Associate
₹ 2,950/- (₹ 2,500/- + 18 % GST)	₹ 1,475/- (₹ 1,250/- + 18 % GST)	₹ 4,425/- (₹ 3,750/- + 18 % GST)	₹ 2,212/- (₹ 1,875/- + 18 % GST)

Couple (either Spouse is Senior Citizen Member)
₹ 3,318/- (₹ 2,812/- + 18 % GST)

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

SIGNATURE

1. Name of the Member/Associate : _____
(IN BLOCK)
2. Name of the Spouse : _____
3. Name of the Children : (A) _____ (Date of Birth) _____
(Above 16 yrs) (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 by and follow the same and all the Rules of the Club and Health Club 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 below

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 : _____