



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

CIN NO.U92100MH1993NPL071488

Tel : 022 6900 32 32/2285 44 44 : Email : info@garwareclub.co.in : Web: www.garwareclub.co.in

## APPLICATION FORM GYMNASIUM MEMBERSHIP

### QUARTERLY

(01.04.2025 to 30.06.2025)

**TIMINGS : 7.00 am to 2.00 pm  
3.00 pm to 9.00 pm**

1. In view of Refurbishment of Health Club and Gymnasium, alternate arrangements for **GYMNASIUM FACILITY** on temporary basis are made at VIP Lounge Bar, 3<sup>rd</sup> Floor, Phase II Building.
2. Maximum 25 Members will be accommodated at a time.
3. Changing Room facility on 4<sup>th</sup> Floor
4. Towels available @ Rs.15/- + 18% GST
5. Outside Shoes not allowed.
6. Swimming Pool facility is not included.

To,  
The Administration Executive,  
**GARWARE CLUB HOUSE**  
Mumbai – 400 020.

Date : \_\_\_\_\_

#### FOR OFFICE USE ONLY

R.No. \_\_\_\_\_ Date \_\_\_\_\_ Amt \_\_\_\_\_

Dear Sir,

I hereby apply for the Gymnasium 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 **1<sup>st</sup> April, 2025 to 30<sup>th</sup> June, 2025.**

SPECIAL RATES		
PERIOD	SINGLE MEMBER	SR.CITIZEN MEMBER
<b>QUARTERLY</b> (01.04.2025 to 30.06.2025)	<b>Rs.1,475/-</b> (Rs.1,250/- + 18% GST)	<b>Rs.738/-</b> (Rs.625/- + 18% GST)

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

	<u>NAMES</u> (IN BLOCK LETTERS)	<u>SIGNATURE</u>
1. SELF	: _____	_____
2. Spouse	: _____	_____
3. Children (Above 16 Yrs Age)	(A) _____	_____
	(B) _____	_____
	(C) _____	_____

Address Registered with the Club House : \_\_\_\_\_

Telephone No. (R) : \_\_\_\_\_ (Mobile ) : \_\_\_\_\_ Email ID : \_\_\_\_\_

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

I declare that I and/or my Family Members am/are fit to join the Gymnasium as I do not suffer from any physical condition that would be harmful to use any Activities/ Facilities available at the Gymnasium.

Yours faithfully,

\_\_\_\_\_  
(Signature of Member/Associate)

Name : \_\_\_\_\_

Membership/Associateship No. \_\_\_\_\_