



JAMMU CLUB, JAMMU

S. No.....

M.A.M. SPORTS COMPLEX, JAMMU – 180001.

TELEPHONE: 2549213, 2548437 FAX: 0191 – 2547061

REGISTRATION FORM

- 01 NAME OF MEMBER
- 02 MEMBERSHIP No.
- 03 ADDRESS
- 04 TELEPHONE / MOBILE No.
- 05 E-MAIL ID
- 06 NAME OF MEMBER / SPOUSE / DEPENDENTS FOR WHICH HEALTH CLUB FACILITY IS TO BE AVAILED :-

<u>S.No.</u>	<u>NAME</u>	<u>RELATIONSHIP</u>	<u>DATE OF BIRTH</u> (ATTACH CERTIFICATE)	<u>ENROLMENT REQUIRE</u> <u>WITH MEMBER</u>
(i)	SELF		(MONTHLY/QUARTERLY/YEARLY)
(ii)	SPOUSE		(MONTHLY/QUARTERLY/YEARLY)
(iii)	SON / DAUGHTER	(MONTHLY/QUARTERLY/YEARLY)
(iv)	SON / DAUGHTER	(MONTHLY/QUARTERLY/YEARLY)
(v)	SON / DAUGHTER	(MONTHLY/QUARTERLY/YEARLY)

(PLEASE ATTACH 2 PHOTOGRAPHS EACH OF THE PERSON FOR WHOM HEALTH CLUB MEMBERSHIP IS BEING APPLIED)

DATED :

SIGNATURE

FOR OFFICE USE ONLY

S. No.....

NAME OF MEMBER

REGD. NO. OF HEALTH CLUB MEMBERSHIP No.

AMOUNT RECEIVED ` VIDE R. NO. DATED

AUTHORIZED SIGNATORY

I _____ Membership No. _____ do hereby declare that I am physically and medically fit in all respects and have the clearance of my family doctor to use the Gym, Steam, Sauna and do the Swimming. I further undertake that in case any of these activities have any adverse effect on my health, I will bear the responsibility. It is further undertaken that me, my family members and my Guests will not do swimming, in the absence of swimming coach / Life guard engaged by the Club.

In case of any unfortunate happening / accident, the Club Management will not be responsible.

Signature

THE FOLLOWING RATES WOULD BE CHARGED FROM THE MEMBERS, WHO USE THE FACILITY OF HEALTH CLUB W. E. F. 1ST JANUARY 2017.

REGISTRATION FEE : 1500/- (PER REGISTRATION) COMPULSORY.

	<u>RATE</u>		
<u>MONTHLY CHARGES</u>	<u>RATE</u>	<u>GST</u>	<u>TOTAL</u>
A) FAMILY PACKAGE	4660/-	838.80	5500.00
B) FAMILY PACKAGE + ONE ADULT CHILD	5585/-	1005.30	6590.00
C) COUPLE	3105/-	558.90	3665.00
D) INDIVIDUAL	1865/-	335.70	2200.00
E) INDIVIDUAL + ONE CHILD	3105/-	558.90	3665.00

QUARTERLY CHARGES

A) FAMILY PACKAGE	8340/-	1501.20	9842.00
B) FAMILY PACKAGE + ONE ADULT CHILD	9775/-	1759.50	11535.00
C) COUPLE	4600/-	828.00	5428.00
D) INDIVIDUAL	3020/-	543.60	3564.00
E) INDIVIDUAL + ONE CHILD	5130/-	923.40	6054.00

YEARLY CHARGES

A) FAMILY PACKAGE	16445/-	2960.10	19405.00
B) FAMILY PACKAGE + ONE ADULT CHILD	20745/-	3734.10	24480.00
C) COUPLE	10120/-	1821.60	11942.00
D) INDIVIDUAL	8600/-	1548.00	10148.00
E) INDIVIDUAL + ONE CHILD	12650/-	2277.00	14927.00

SENIOR CITIZENS ABOVE THE AGE OF 60 YEARS WILL BE GIVEN 20% DISCOUNT (REBATE) ON THE ABOVE MENTIONED RATES.

TIMINGS FOR HEALTH CLUB

6.00 am to 10:00 am FAMILY
 10.00 am to 2 pm CLOSED
 SALON + BEAUTY PARLOR WILL REMAIN OPEN.
 2 pm to 5 pm EXCLUSIVELY FOR LADIES.
 5 pm to 9 pm FAMILY TIMING

SUNDAY TIMINGS

6 am to 11 am FAMILY
 11 am to 2 pm CLOSED
 2 pm to 5 pm LADIES
 5 pm to 9 pm FAMILY

NOTE:

HEALTH CLUB SHALL REMAIN CLOSED ON EVERY MONDAY.

MONTHLY CHARGES