



BOOT CAMP MEMBERSHIP APPLICATION FORM

PERSONAL DETAILS (BLOCK CAPITALS)

Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Home Tele:	Work Tele:
First Name:		M:	Mobile:	DOB:
Last Name:			Email 1:	
Postal Address:			Email 2:	
			Company Name:	
Postal Code:	Start Date:	Occupation:		
Emergency Contact: _____ Relation: _____ Tele 1: _____ 2: _____				

SECOND MEMBER (Husband or Wife)

Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Home Tele:	Work Tele:
First Name:		M:	Mobile:	DOB:
Last Name:			Email 1:	
Postal Address:			Email 2:	
			Company Name:	
Postal Code:	Start Date:	Occupation:		

CORPORATE MEMBER (8 or more from a company/organization)

Name:	Age:	Email:	Mem No:
Name	Age:	Email:	Mem No:
Name:	Age:	Email:	Mem No:
Name:	Age:	Email:	Mem No:
Name:	Age:	Email:	Mem No:
Name:	Age:	Email:	Mem No:
Name:	Age:	Email:	Mem No:

MEMBERSHIP: I _____ commit to the prescribe payment plan for following membership category (please tick)

Joint	<input type="checkbox"/>	Biannual Commit	<input type="checkbox"/>	Annual Commit	<input type="checkbox"/>	Biannual Full	<input type="checkbox"/>	Corporate	<input type="checkbox"/>
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PRIMARY INTERESTS

Morning Series (Vauxhall)	<input type="checkbox"/>	Weight Loss	<input type="checkbox"/>	Workshops/Seminars	<input type="checkbox"/>
Evening Series (Wildey)	<input type="checkbox"/>	Running Program	<input type="checkbox"/>	Kids in Motion	<input type="checkbox"/>
Evening Series (Warrens)	<input type="checkbox"/>	Smallest Winner	<input type="checkbox"/>	Men in Motion	<input type="checkbox"/>
Beach Training	<input type="checkbox"/>	Small Group Training	<input type="checkbox"/>	Other	<input type="checkbox"/>

How did you hear about us?

Internet	<input type="checkbox"/>	Flyer/Poster	<input type="checkbox"/>	Member Referral	<input type="checkbox"/>
Word of Mouth	<input type="checkbox"/>	Magazine	<input type="checkbox"/>	Television	<input type="checkbox"/>
Radio	<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	Other	<input type="checkbox"/>
Member Signature(s):				Date(s)	

Office Use Only (Payments)

Annual (3 payments)	<input type="checkbox"/>	Bi annual (2 payments)	<input type="checkbox"/>	Monthly (Biannual)	<input type="checkbox"/>
Amount Received:	Date Paid:		Expiry Date:		
Member Name:	Admin Name		Admin Signature		