

GILGAL HEALTH CLUB

Motto: Prosperity Of The Soul & Health Of The Body (3 Jn. 2)



Passport Photograph

MEMBERSHIP FORM

1. Name: _____

2. Sex: _____

3. Marital Status: _____

4. Contact Address: _____

5. Mobile Phone: _____

6. Email: _____

7. Nationality: _____

8. Profession: _____

9. Office Address: _____

10. When did you join the Club: _____

11. Why did you join the Club: _____

12. Are you willing to be a HEALTH INSTRUCTOR? Yes/No: _____

13. How committed are you to the HEALTH CLUB

(i) Very Committed

(ii) Fairly Committed **Tick one**

(iii) Not Committed

14. How regular will you be in monthly club meeting:

(i) Monthly

(ii) Bi-Monthly **Tick one**

(iii) Quarterly

Club President's Sign

Signature/Date