

**MEMBERSHIP FORM**

**SECTION 1: MEMBER CONTACT INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TITLE** | **Mr** **Mrs** **Miss** **Ms** | | | | |
| **NAME** |  | | | | |
| **BIRTH DAY** |  | | | | |
| **ADDRESS** |  | | | | |
|  |  | | | | |
| **TOWN/CITY** |  | | | | |
| **PIN CODE** |  | | | | |
| **TELEPHONE** |  | | **MOBILE NO** | |  |
| **EMERGENCY CONTACT- 1** | **NAME** |  | | | |
|  | **RELATION** |  | | **MOBILE** |  |
| **EMERGENCY CONTACT- 2** | **NAME** |  | | | |
|  | **RELATION** |  | | **MOBILE** |  |

**SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **MEMBER TYPE** | **DESCRIPTION** | **MEMBERSHIP DUES (Rs)** | **Please Check** |
| **REGISTRATION FEE** | One time enrolment fee | Free |  |
| **WEEKLY** | Membership of one week | 500.00 |  |
| **MONTHLY** | Membership of one month | 3000.00 |  |
| **QUARTERLY** | Membership of three months | 8500.00 |  |
| **HALF YEARLY** | Membership of six months | 16,000.00 |  |
| **PAYMENT METHOD** | Credit/Debit/Net Banking  Cheque  Cash |

**SECTION 3: PERSONAL INFORMATION**

|  |  |
| --- | --- |
| **Dietary Preferences** |  |
|  | |
| **Allergies** |  |
|  | |
| **Health Related** |  |
| **Diabetes** | **Yes.  No** |
| **High BP** | **Yes.  No** |
| **Low BP** | **Yes.  No** |
| **Asthma** | **Yes.  No** |
| **Heart Problem** | **Yes.  No** |
| **Brain stroke or other brain illness** | **Yes.  No** |
| **Arthritis** | **Yes.  No** |
| **Wheel Chair Users** | **Yes.  No** |
| **Any other** |  |

**SECTION 4: HOBBIES AND INTEREST**

|  |
| --- |
| **Q -1: IN-DOOR ACTIVITIES** |
|  |
|  |
| **Q-2: OUT-DOOR ACTIVITIES** |
|  |
|  |
| **Q-3: DO YOU LIKE TO DO MEDITATION AND YOGA?** |
|  |
|  |
| **Q-4: WOULD YOU LIKE PICNICS AND CITY VISITS?** |
|  |
|  |
| **QUE-5: TOPIC OF INTEREST E.G. SELF-HELP, RELIGION, HEALTH, ETC.** |
|  |

Date…………………

Name:……………………………

Place……………………………

Signature:………………………………

All interested members of Second Innings Centre are required to complete registration form and submit at A-10/19, DLF Phase-I, Gurgaon or online at [info.secondinningscentre@gmail.com](mailto:info.secondinningscentre@gmail.com). For any query please contact at 0124 4217257 and +91 9555113010