

**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**

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| --- | --- | --- | --- |
| **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**

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| **Q -1: IN-DOOR ACTIVITIES** |
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|  |
| **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. For any query please contact at 0124 4217257 and +91 9555113010