



MEMBERSHIP FORM

Pasport Size
Photo

SECTION 1: MEMBERS CONTACT DETAILS

TITLE:	☐ Mr.	☐ Mrs.	☐ Miss	☐ Ms.	☐
NAME					
ADDRESS					
TOWN / CITY				STATE	
PINCODE					
BIRTHDAY			ANNIVERSERY		
CONTACT			LANDLINE		
EMERGENCY DETAILS 1	NAME				
	RELATION		CONTACT		
EMERGENCY DETAILS 2	NAME				
	RELATION		CONTACT		

SECTION 2: MEMBERSHIP TYPE & PAYMENT DETAIL:

<u>MEMBERSHIP TYPE</u>	<u>DISCRIPTION</u>	<u>CHARGES</u>	<u>SELECT</u>
MONTHLY MEMBERSHIP	1 Month Membership (Mon, Wed, Fri)	5500/-	☐
MONTHLY MEMBERSHIP	1 Month Membership without FOOD (Mon, Wed, Fri)	4000/-	☐
HALF MEMBERSHIP	Come any 6 days in 1 Month	2750/-	☐
COUPLE MEMBERSHIP	1Month Membership for Couple (Mon, Wed, Fri)	10500/-	☐
COUPLE HALF MEMBERSHIP	Coupla can come any 6 Days in 1 Month	5250/-	☐
GUEST MEMBERSHIP	Per Day membership	650/-	☐
COUPLE GUEST MEMBERSHIP	Couple per day Membership	1150/-	☐
GUEST MEMBERSHIP	Per day Membership without FOOD	400/-	☐
PAYMENT MODE	☐ NET BANKING	☐ CHEQUE	☐ CASH
# TRANSPORTAION SERVICES WOULD BE EXTRA FROM MEMBERSHIP AMOUNT.			

SECTION 3: PICK & DROP SERVICES (TRANSPOTATION)

DISCLAIMER	Pick & Drop Services are available for our Regular Members. Paid Monthly Membership) (Who	
	DLF PH 1 , ARJUN MARG	2000/-
	MG ROAD , DLF PH 2, SUSHANT LOK A BLOCK	2500
	GOLF CORSE ROAD, DLF PH 4, DLF PH 5, SUSHANT LOK C BLOCK , GALLERIA MG ROAD, DLF PH 2 , SUSHANT LOK A BLOCK, GALLERIA	2600/-
	SEC 40, 51, 52 , 55, 56, 57, MAY FIELD GARDEN , ARDEECITY	2900/-
	SOHNA RAOD, SEC-48, 49, 60 NIRVANA COUNTRY	3100/-
	DLF PH 3 , GURU DRONACHARYA	3000/-
	SEC 62, 65, 70 , Gawal Pahari	3300/-

SECTION 4: PERSONAL INFORMATION

HEALTH RELATED	☐ es	☐ No
DIABETES	☐ es	☐ No
HIG BP	☐ es	☐ No
LOW BP	☐ es	☐ No
ASTHMA	☐ es	☐ No
HEART PROBLEM	☐ es	☐ No
BRAIN RELATED ISSUE	☐ es	☐ No
ARTHRITIS	☐ es	☐ No
DEMENTIA	☐ es	☐ No
WHEEL CHAIR USER	☐ es	☐ No
ANY ELERGIES		
ANY THING ELSE		
DISCLAIMER	Member who Join our Centre need a very personal taking care of have to get Personal Attendant.	

SECTION 5: HOBBIES & INTREST

Q1. Do you like to do Yoga or Meditaion ?

Q2. What Indoor Games you like the most?

Q3. Would u like listing to Music or Dancing?

Q4. Would u like to go for outing , or for picnic , or for Movie?

Q5. Would u like to parcipate in Religious Programme?

DATE:.....

NAME:.....

PLACE:.....

SIGNATURE:.....

All members of Second Innings Centre are required to complete registration form and submit at **A10/19 DLF PH-1 GURUGRAM** or online at **info.cenondinningscentre@gmail.com** .For any query please contact on **8448288767 / 9871311307**

Note : This is not a health Centre or a Old Age Home, Its a recreation centre where elders can stay fit with Yoga, Meditation or Accupresure.or they enjoy indoor games, outdoor games, outdoor trips, having delicious food. enjoying parties, celebrate festivalsn much more. Please remember, any form of drugs are not allowed, be it through inhailing, drinking, smoking, or chewing.Gambling are also pohabitate at Second Innings Centre.

DISCLAIMER : All members, by registering with Second Innings Centre, confirm that they received clearance from a registered medical practitioner or physician that they are in physically fit condition to engage in activities at the centre. Thers will be no liability of any kind medical/financial/legal, towards Second Innings, may arise of any health mishap that might accur at the centre.

SECOND INNINGS CENTRE - An Initiative by Sudarshan Munjal Trust
Supported by Meenakshi Polymers Pvt. Ltd.