



Membership Application Form



Full Name and Address	<input type="text"/>		މުބާރާތްތަކުގެ ނަންބަރު
Date of Birth	<input type="text"/>	<input type="checkbox"/> ފިރިހެނުމެ (Male) <input type="checkbox"/> ފިރިހެނުމެ (Female)	އިސާރަތައް
	Nationality <input type="text"/>		އިސާރަތައް
Telephone No.	<input type="text"/>	Mobile No. <input type="text"/>	މުބާރާތްތަކުގެ ނަންބަރު
Email Address	<input type="text"/>		މުބާރާތްތަކުގެ ނަންބަރު
Faculty/Centre	<input type="text"/>		މުބާރާތްތަކުގެ ނަންބަރު
Staff	<input type="checkbox"/> ފިރިހެނުމެ (Staff)	Student <input type="checkbox"/>	އިސާރަތައް
Staff Record no.	<input type="text"/>	Student ID <input type="text"/>	މުބާރާތްތަކުގެ ނަންބަރު
Position	<input type="text"/>	Course name <input type="text"/>	މުބާރާތްތަކުގެ ނަންބަރު

Kindly specify any medical history that you may have:

I hereby agree to abide by the gym rules.

I understand that any violation of the rules may result in the revocation of my access privileges and/or disciplinary action maybe taken.

Date ފިރިހެނުމެ (Date) Signature ފިރިހެނުމެ (Signature)

FOR OFFICIAL USE ONLY ފިރިހެނުމެ (FOR OFFICIAL USE ONLY)

Member No.:	<input type="text"/>	މުބާރާތްތަކުގެ ނަންބަރު		
Amount received:	<input type="text"/>	މުބާރާތްތަކުގެ ނަންބަރު		
Signature	<input type="text"/>	Date		<input type="text"/>
Received by:	<input type="text"/>			މުބާރާތްތަކުގެ ނަންބަރު
Receipt No.:	<input type="text"/>	މުބާރާތްތަކުގެ ނަންބަރު		Stamp <input type="text"/>