



Membership Application Form

Stamp Size Photo

Full Name and Address	<input type="text"/>		މުބާރާތްތަކުގެ ނަންމާއި ބަންދުގެ ރިސޯޓް
Date of Birth	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	އިސްލާމް
	Nationality <input type="text"/>		އިސްލާމް
Telephone No.	<input type="text"/>	Mobile No. <input type="text"/>	މުބާރާތްތަކުގެ ނަންމާއި ބަންދުގެ ރިސޯޓް
Email Address	<input type="text"/>		މުބާރާތްތަކުގެ ނަންމާއި ބަންދުގެ ރިސޯޓް
Faculty/Centre	<input type="text"/>		މުބާރާތްތަކުގެ ނަންމާއި ބަންދުގެ ރިސޯޓް
Staff	<input type="checkbox"/>	Student <input type="checkbox"/>	އިސްލާމް
Staff Record no.	<input type="text"/>	Student ID <input type="text"/>	މުބާރާތްތަކުގެ ނަންމާއި ބަންދުގެ ރިސޯޓް
Position	<input type="text"/>	Course name <input type="text"/>	މުބާރާތްތަކުގެ ނަންމާއި ބަންދުގެ ރިސޯޓް

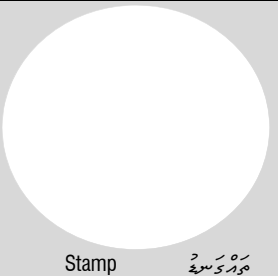
Kindly specify any medical history that you may have:

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 Signature

FOR OFFICIAL USE ONLY

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