



# Askari IV Gym & Arena

## REGISTRATION FORM



Please complete a separate form for each family member you are registering for membership.

Full Name: \_\_\_\_\_

Attach two  
1" x 1"  
Photos\*\*

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

CNIC No: \*\* \_\_\_\_\_

Cell/WhatsApp No: \_\_\_\_\_

Date of Birth: DD / MM / YYYY

Email ID: \_\_\_\_\_

Gender: M:  F:

**\*\* Attach copy of CNIC and two 1x1 inch photographs with this form**

**Emergency Contact:** Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

**Health information:** Do you have any medical conditions? If yes, briefly mention below:

**Select your desired membership category:**

Membership Categories	Registration (PKR)	Monthly Fee (PKR)	Card Fee (PKR)	Initial Amount (1 <sup>st</sup> member)	Initial Amount (others)
<input type="checkbox"/> Fitness Gym	5,000 / family	4,000 / person	200 / person	9,200	4,200
<input type="checkbox"/> Indoor Games Facility	3,000 / family	2,000 / person		5,200	2,200
<input type="checkbox"/> Gym & Indoor Games (Full Facilities)	7,500 / family	5,000 / person		12,500	5,200

**Note:** Guest Charges are PKR 500 per hour per Guest (payable at the facility). The resident must accompany their guest.

All payments to be deposited / online at **ADH Acc # 01031650511848 @ Askari Bank/IBAN: PK08ASCM0001031650511848**

### Terms and conditions:

1. Membership/Registration is non-transferable and non-refundable.
2. Membership fees are to be paid in full before the start of the membership period.
3. Membership will be suspended on non-payment of monthly fee by 10<sup>th</sup> of the month.
4. Membership will be cancelled on non-payment for monthly fee for two consecutive months. To resume membership, the member must pay 50% of all outstanding dues.
5. Member(s) can temporarily suspend their membership by giving a written prior notice. Without written notice, monthly fee shall remain payable by the member without exception.
6. Members can cancel their membership by providing a 30-days prior written notice.

### UNDERTAKING

I have read and understood all terms and conditions and shall abide by these. I shall compensate for any damage or loss to gym and/or Arena incurred by me.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

For Office use only:

MIS Data Entry Date: DD / MM / YYYY MID #: \_\_\_\_\_ Staff Name: \_\_\_\_\_ Signature: \_\_\_\_\_