



# MEMBERSHIP FORM

I.H.C. MEMBERSHIP NO. \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_ FIRST NAME(S): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

SEX : \_\_\_\_\_ AGE: \_\_\_\_\_ MARRIED/SINGLE: \_\_\_\_\_

NAME OF SPOUSE : \_\_\_\_\_ DATE OF BIRTH : \_\_\_\_\_  
*(If dynamic or couple membership only)*

RESIDENTIAL ADDRESS: \_\_\_\_\_

TELEPHONE: (RES.) \_\_\_\_\_ (OFF.) \_\_\_\_\_

PROFESSION & DESIGNATION: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

MEMBERSHIP REQUIRED:  SINGLE  DYNAMIC  COUPLE

TIME SLOT REQUIRED:  FULL DAY  MID-DAY

NAME OF DEPENDANT(S):  1. \_\_\_\_\_ AGE: \_\_\_\_\_

*(If applying for membership)*  2. \_\_\_\_\_ AGE: \_\_\_\_\_

3. \_\_\_\_\_ AGE: \_\_\_\_\_

4. \_\_\_\_\_ AGE: \_\_\_\_\_

I hereby apply for the membership and agree that I will abide by the rules & regulations of Lite Zone, which I have read. In the event of my failure to do so, my membership may be cancelled immediately. I understand that admission is on a 'first-come' basis and I may be put on a waiting list.

I understand that the Lite Zone fees may be revised & I agree to pay the prorata increase. I understand that the dependant(s) membership will expire on the same day as mine if I do not renew my membership, even if it expires during the pool season.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

Enclosed is cheque/draft no. \_\_\_\_\_ dated \_\_\_\_\_ for Rs. \_\_\_\_\_,  
made payable to 'Habitat World'.

Also enclosed are: (a) **3 photographs** of each member & spouse (if using facilities and/or dependant(s))  
(b) a **photocopy** of the **IHC membership card** of self **and** spouse is **mandatory** for processing of your Lite Zone membership.

**USE OF THE FITNESS CENTRE AND THE SWIMMING POOL IS AT YOUR OWN RISK. THE MANAGEMENT CANNOT BE HELD RESPONSIBLE IN ANY WAY FOR ANY INJURY CAUSED OR LOSS OF PROPERTY.**

### DECLARATION

I, the undersigned, declare that I have understood the rules & regulations of the fitness centre. I undertake to follow the rules and regulations of the fitness centre and the swimming pool as laid down from time to time and do so at my own risk.

### RELEASE

I hereby release I.H.C., Habitat World, their officers, directors, agents, employees from any or all claims, actions, costs, losses, expenses and/or damages including attorney(s)' fees that I might have now or in future for any injuries or damage arising out of or in any manner resulting from my use of the exercise equipment or the facilities in the fitness centre and the swimming pool of Habitat World, I.H.C., such releases to be binding upon my heirs, successors and assigns. I have full knowledge as to the proper use of these facilities as well as my own physical limitations and I agree to indemnify and keep indemnified the management & the Centre, against any and all claims whatsoever or loss or damage to property whatsoever. I agree to hand over a duly certified fitness certificate to this effect before I commence usage of any facilities. All the information supplied to the management & duly signed by me is true to the best of my knowledge.

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

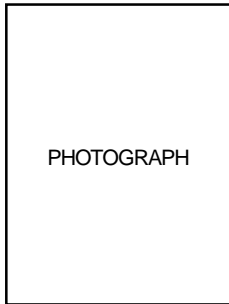
**FOR OFFICE USE ONLY**

LITE ZONE NO.: \_\_\_\_\_

CASH RECEIPT NO.: \_\_\_\_\_

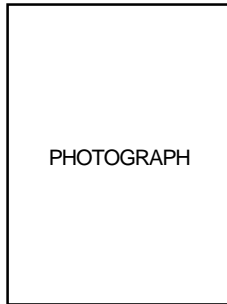
DOCUMENT RECEIPT NO.: \_\_\_\_\_

FITNESS CERTIFICATE :       SELF       SPOUSE



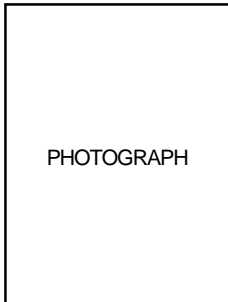
PHOTOGRAPH

MEMBER

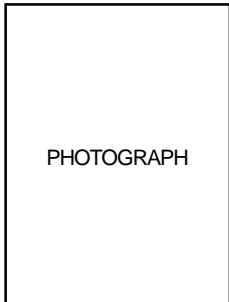


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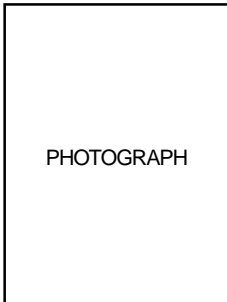
SPOUSE



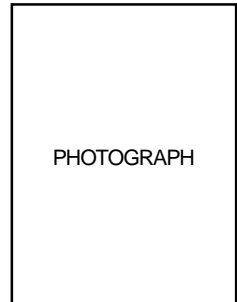
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DEPENDANT(S)