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APPLICATION FORM

Date:

Membership Number / ID:
PLEASE WRITE IN BLOCK LETTERS

Name of Applicant			
Father's Name			
Profession	<input type="checkbox"/> Business	<input type="checkbox"/> Service Holder	<input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others
Name of Employer / Institute/ School / College / University			
NID			Date of Birth
Present Address			
Permanent Address			
Mobile	Work:	Home:	Email

Co-Applicant Name			
Father's Name			
Profession	<input type="checkbox"/> Business	<input type="checkbox"/> Service Holder	<input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others
Name of Employer / Institute/ School / College / University			
NID			Date of Birth
Present Address			
Permanent Address			
Mobile	Work:	Home:	Email

Relationship to Applicant



APPLICATION FORM

Membership Type Daily Weekly Monthly Yearly Single Couple

CONTACT PERSON (IN CASE OF EMERGENCY)

Name _____

Mobile _____ **Relation** _____

Membership Type Cash Credit/Debit card Cheque Other

OTHER INFORMATION OF APPLICANT

Do you have any prior gym/fitness center experience?

Are you currently enrolled at a gym/fitness center?

Why are you interested in joining Inspire Fitness by Sohel Taj?

Date:

Signature of Applicant

For Office Use Only

Application Category/ Membership Type _____

Application Received on _____

Money Receipt. No. & Date _____

Amount in BDT. _____

Application Received At Regular Price Promotional Price

Authorized Signature

N.B. Please enclose 02 Passport Size photographs & 01 photocopy of NID card.

NOTHING IS IMPOSSIBLE