



# SNAT SAVINGS AND CREDIT COOPERATIVE SOCIETY

## GYM MEMBERSHIP APPLICATION FORM

### PERSONAL INFORMATION

1. Name .....Surnames .....
2. National ID .....SNAT SACCO No.....Male  Female
3. Residential Address (Home) .....

### EMERGENCY CONTACT

4. Name.....Surname .....
5. Cell Number.....Relationship.....

### MEMBERSHIP DETAILS

6.  Manzini       Ezulwini (Fitness Lab)       Mhlume  
 Simunye       Ngomane

### HEALTH INFORMATION

7. Do you have any medical conditions?  
 Yes       No  
If yes, please specify: \_\_\_\_\_
8. Are you currently taking any medication?  
 Yes       No  
If yes, please specify: \_\_\_\_\_

### PREFERRED PAYMENT METHOD:

9.  Stop order       Debit Order       Bank Transfer

### PAYMENT FREQUENCY:

10.  Monthly       Quarterly       Yearly

Date: ..... Signature of Applicant: .....

Officers Signature.....