

REF NO.

Application Date:



REWARDING FRIENDSHIP MEMBERSHIP REFERRAL FORM

(Please use block capitals)

MEMBER DETAILS

MEMBERSHIP NO.

FAMILY NAME:

FIRST NAME:

MOBILE NO:

E-MAIL ADDRESS:

MEMBERSHIP TYPE:

START DATE:

END DATE:

AMOUNT PAID:

MEMBER NAME & SIGNATURE

REFERES DETAILS

MEMBERSHIP NO.

FAMILY NAME:

FIRST NAME:

MOBILE NO:

E-MAIL ADDRESS:

MEMBERSHIP TYPE:

START DATE:

END DATE:

AMOUNT PAID:

REFERES NAME & SIGNATURE

APPROVED BY MANAGER

REF NO.

Application Date:

10% OFF YOUR CITY GYM MEMBERSHIP.

REFERES DETAILS

MEMBERSHIP NO.

FAMILY NAME:

FIRST NAME:

MOBILE NO:

E-MAIL ADDRESS:

MEMBERSHIP TYPE:

START DATE:

END DATE:

AMOUNT PAID:

APPROVED BY MANAGER

THIS NEEDS TO BE GIVEN TO THE GYM TO MAKE THIS VALID AND ATTACHED TO YOUR APPLICATION / RENEWAL FORM

PLEASE NOTE:

- Members are advised that they use the GYM and its facilities at their risk.
- The GYM will accept no liability for loss or damage incurred by Members of Third Parties arising therefrom.
- This discount is valid for 1 year after the date.
- For the 10% to be applicable this needs to be attached to your membership form.

For more information contact T: +256 (0) 702 711 315, +256 (0)752 711 701, 0200 977 771 E: info@citygym.co.ug

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The City Gym



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