



Zaabeel Road,
Montana Centre Building, P.O. Box: 7047
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Photo

MEMBERSHIP APPLICATION FORM

No.

PERSONAL DETAILS (in block letters)

Family Name	<input type="text"/>		
First Name	<input type="text"/>		
Date of Birth	<input type="text"/>	Nationality	<input type="text"/>
Company Name	<input type="text"/>		
Position	<input type="text"/>		
P.O. Box	<input type="text"/>	Tel. Office	<input type="text"/>
Tel. Residence	<input type="text"/>	Fax	<input type="text"/>
Mobile	<input type="text"/>	E-mail	<input type="text"/>

ADDITIONAL FAMILY MEMBERS (if applicable)

Spouse Name	<input type="text"/>	D.O.B	<input type="text"/>
Children's Name	<input type="text"/>	D.O.B	<input type="text"/>
	<input type="text"/>	D.O.B	<input type="text"/>
	<input type="text"/>	D.O.B	<input type="text"/>

MEMBERSHIP TYPE (please tick)

Single Male Single Female Couple Family Junior
Corporate Annual Other

HOW WERE YOU INTRODUCED TO COLLOSEUM (please tick)

Newspaper Radio Magazine Pls. specify Referral
Flyer Word of Mouth Other Pls. specify

I would like to recommend the following person to be considered as a member of Colosseum

Name	<input type="text"/>	Contact No.	<input type="text"/>
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DECLARATION

In partial consideration for membership at Colosseum, I relinquish, waive and discharge Colosseum and assign from any claim, cause of action known or unknown, which might arise from my membership, my use of the facilities, and my participation, in activities here, the risk of each I fully accept. I also understand that the acceptance of my membership application will be at the discretion of the Club's Membership Committee, which has the right to refuse or reject my application without explanation, and that no discussion will be entered into.

I have read and agree to respect the terms and conditions of membership as a member of Colosseum and understand that in the event of my failure to act accordingly, my membership will be terminated immediately without reimbursement.

Signature _____

Date: